Second Series, No.42

Wednesday, April 6, 1960
Chaitra 17, 1882 (Saka)

LOK SABHA DEBATES

Tenth Session
(Second Lok Sabha)

सत्यमेव जयते

LOK SABHA SECRETARIAT
New Delhi

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LOK SABHA

Wednesday, April 6, 1960/Chaitra 17, 1882 (Saka)

The Lok Sabha met at Eleven of the Clock.

[MR. SPEAKER *in the Chair*]

ORAL ANSWERS TO QUESTIONS

Heart Operation on a Dog

†

*1298. { **Shri F. K. Deo:** **Shri Rameshwar Tantia:**

Will the Minister of **Health** be pleased to state:

(a) whether it is a fact that a doctor at Kanpur recently conducted a successful operation of heart on a dog by 27 minutes suspension of heart beat;

(b) if so, the steps being taken to carry on further expansion in this aspect of surgery, on human beings; and

(c) whether this kind of surgical operation will help in curing rheumatic heart in human beings?

The Minister of Health (Shri Karmarkar): (a) Yes.

(b) Experiments on temporarily suspending the heart are being carried out at serveral places in the country. In human beings also such experimental work has been undertaken in Bombay and Vellore for the performance of heart operations.

(c) Surgical operations can help to relieve certain rheumatic heart diseases particularly mitral stenosis.

Shri P. K. Deo: May I know whether any experiment has been conducted on coronary thrombosis?

Shri Karmarkar: I think I should place my friend in touch with a more competent expert rather than hazard an answer which might be inaccurate.

Shri Sadhan Gupta: May I know as to what results had been obtained in respect of these experiments on human beings? Were they satisfactory?

Shri Karmarkar: Yes, Sir. The results were satisfactory, so far as they went.

Shri S. M. Banerjee: May I know whether the same doctor who did this operation in the Kanpur Medical College has also tried experiments on human beings?

Shri Karmarkar: I have not that information with me. I think he has not tried it on human beings

Shri Raghunath Singh: Since successful experiments on brain and heart operation are going on in the Banaras Hindu University, what help is the Government going to give to their medical college?

Shri Karmarkar: In this particular case, we wish them well.

Shri D. C. Sharma: May I know if any effort will be made by the Central Ministry of Health to coordinate these experiments and to arrive at definite conclusions that might be helpful to the patients and doctors?

Shri Karmarkar: What the Central Ministry does in such matters is, if any competent expert wants any help through the State Governments, we consider the matter. If anyone in the service of the Government, or recommended by the universities, wants to

go abroad for any such training, we try to be helpful.

हिमाचल प्रदेश में रासायनिक खाद का वितरण

*१२११. श्री पद्म देव :
श्री भक्त दर्शन :

क्या खाद्य तथा कृषि मंत्री यह बताने की कृपा करेंगे कि :

(क) हिमाचल प्रदेश सरकार ने वर्ष १९५९-६० में किसानों को कितनी रासायनिक खाद बांटी और इस कार्य में वित्तीय सहायता के लिये कितनी धन राशि व्यय की ; और

(ख) स्थानीय खाद के प्रयोग को लोगों में लोकप्रिय बनाने के लिये सरकार द्वारा क्या कदम उठाये गये ?

कृषि मंत्री (डा० पं० झा० देशमुख) : (क) और (ख). सभा की टेबिल पर एक विवरण रख दिया गया है ।

विवरण

(क) १९५९-६० में किसानों को बांटे जाने वाली रासायनिक खाद की कुल मात्रा ५१५ टन थी और उनको ७९,१३४ रुपये की आर्थिक सहायता दी गई ।

(ख) हिमाचल प्रदेश प्रशासन ने स्थानीय खाद के प्रयोग को लोकप्रिय बनाने के लिये निम्न कदम उठाये हैं :—

(१) हर साल हर एक ब्लाक में कम्पोस्ट सप्ताह मनाना और उन पंचायतों को जो अधिक से अधिक मात्रा में गढ़ों को खोदने और उनको भरने का कार्य करें, इनाम देना ।

(२) स्थानीय खाद बनाने और उसके प्रयोग के लिये किसानों को प्रेक्टिकल ट्रेनिंग (practical training) देने के लिये हर एक ब्लाक में कम्पोस्ट ट्रेनिंग (compost training) केम्पों का संगठन करना ।

(३) असिस्टेंट बायोकेमिस्ट (assistant-biochemist) द्वारा मेन्योर सुपरवाईजर्स (manure supervisors) की सहायता से, जो हर एक ब्लाक में रखे गये हैं, किसानों को तकनीकी मार्ग दर्शन का प्रस्ताव ।

(४) छोटी छोटी पत्रिकाओं द्वारा प्रचार ।

श्री पद्म देव : विवरण को पढ़ने से ज्ञात होता है कि हिमाचल में सन् १९५९-६० में केवल ५१५ टन खाद समाप्त हुई है जब कि इलाका ११००० मुरब्बा मील का है । क्या माननीय मंत्री इस पर विचार कर रहे हैं कि लोगों को खाद उधार दी जाय और फसलों के भोके पर उनसे वह वापिस ली जाय ताकि सब लोग उससे लाभान्वित हो सकें ?

डा० पं० झा० देशमुख : हमारी नीति यह है कि लोगों को हम जितनी मदद दे सकते हों दें । माननीय सदस्य ने जो सूचना दी है उस पर हम ध्यान देंगे ।

श्री पद्म देव : क्या माननीय मंत्री को यह मालूम है कि हिमाचल में गोबर, जो फसलों के लिये बहुत उपयोगी है, बतौर लकड़ी के जलाया जाता है ? क्या इस रस्म को बन्द करने के लिये, खास तौर पर हिमाचल में जहां कि लकड़ी बहुत होती है, और उसको खेती के लिये उपयोग करने के लिये सरकार लोगों को प्रेरित करेगी ?

डा० पं० झा० देशमुख : यह सवाल तो सारे भारत के लिये है, और ऐसी कोशिश में हम अभी तक कामयाब नहीं हुये हैं । मगर मैं समझता हूं कि हिमाचल प्रदेश में

इतनी बड़ी आफत नहीं है क्योंकि वहां पर लकड़ी जल्दी मिल सकती है ।

श्री पन्त देव : क्या माननीय मंत्री को यह मालूम है कि हिमाचल में बहुत बड़े बड़े जंगल हैं वहां पर कि लकड़ी काटी जाती है, और लकड़ी काटने के पश्चात् बहुत सा कूड़ा कचरा पड़ा रहता है । वह इरोजन में और बाढ़ लाने में बड़ी मदद देता है ? क्या उसके खेती बाड़ी में बतौर खाद के इस्तेमाल करने के लिये सरकार किसी योजना पर विचार करेगी ?

डा० पं० झा० देशमुख : इस सूचना की तरफ भी स्टेट गवर्नमेंट का ध्यान हम आकर्षित करेंगे ।

Admission of T.B. Patients into Delhi Hospitals

*1301. **Shri D. C. Sharma:** Will the Minister of **Health** be pleased to state:

(a) whether the attention of Government has been drawn to the press report appearing in the Hindustan Times dated the 19th January, 1960, that several tuberculosis patients could get admission to hospitals in Delhi only after bribing clerks; and

(b) if so, the action taken or proposed to be taken in the matter?

The Minister of Health (Shri Karmarkar): (a) and (b). Yes. The press report was based on the allegations made by an ex-student of the Delhi School of Social Work who was attached to the S.J.T.B. Hospital, Delhi for field training. An enquiry was made and the allegations have been found to be baseless.

Shri D. C. Sharma: What was the method employed to conduct the enquiry? Was any report submitted?

Shri Karmarkar: My note says that the matter was investigated by the Superintendent, S.J.T.B. Hospital. The usual method of enquiry is to call the man who makes the complaint, ask him to adduce evidence, if any, to substantiate his charges and then decide the matter on its merits.

Shri D. C. Sharma: May I know if the pattern of enquiry in the Central Ministry is this, that the person whose subordinate has been complained against is asked to hold the enquiry, or is the pattern like this that some independent authority is appointed to hold the enquiry?

Shri Karmarkar: I suppose the allegation was that some clerks were bribed when some persons wanted to seek entrance. There was no allegation against the Superintendent. So the enquiry was conducted by somebody different from the person against whom the allegations were made.

Shri D. C. Sharma: I am sorry the hon. Minister has not understood my question. The allegation is against a clerk, the clerk is employed in that very office and the head of the office is asked to hold an enquiry. Therefore, naturally, if I were the head of that office.....

Mr. Speaker: The hon. Member is arguing with the hon. Minister.

Shri D. C. Sharma: I want an independent enquiry.

Mr. Speaker: The head of the department will certainly conduct an independent enquiry unless, of course, he is also a party to the charge. The mere fact that the clerk is working in the same office does not necessitate a change in procedure. Next question.

Commemorative Stamps

*1302. **Shri A. M. Tariq:**
Shri Shivananjappa:

Will the Minister of **Transport and Communications** be pleased to state:

(a) whether there is any proposal to issue commemorative stamps in 1960;

(b) if so, on what occasions; and

(c) the details of the stamps to be issued at each occasion?

The Minister of Transport and Communications (Dr. P. Subbarayan): (a) Yes.

(b) and (c). A statement giving the required information is laid on the Table of the Sabha. [*See* Appendix III, annexure No. 43].

Shri A. M. Tariq: Is there any committee to decide on what date and in whose memory these commemorative stamps should be issued?

Dr. P. Subbarayan: Yes, Sir. The Department considers whether any such things can be brought out. Commemorative stamps are brought out on important occasions like bi-centenary of Tyagaraja.

Shri A. M. Tariq: May I know whether there is any proposal before the Ministry to issue commemorative stamps in memory of people like the late Maulana Abul Kalam Azad, who was a great writer and a great patriot, Shri Subhas Chandra Bose and Sardar Vallabhbhai Patel?

Dr. P. Subbarayan: Maulana's death is so recent that I do not think that question can be considered till some occasion arises.

Mr. Speaker: Shri Hem Barua.

Shri A. M. Tariq: What about Shri Subhas Chandra Bose and Sardar Vallabhbhai Patel?

Mr. Speaker: The hon. Member must submit himself to my ruling. I have called another hon. Member. I will call him again. Apart from that, I have already given him two chances.

Shri Hem Barua: May I know whether these commemorauve stamps will be available only for internal consumption or could they be affixed for foreign mail also?

Dr. P. Subbarayan: Of course, if stamps of sufficient value are available, they could be affixed to foreign post as well.

Shri Tangamani: May I know whether the Government will consider the issue of stamps worth Rs. 1.03 nP. in Dr. M. Visveswaraya and Subramania Bharathi commemoration series also?

Dr. P. Subbarayan: Government have carefully considered this question and came to the conclusion that 15 nP. stamps will be enough for this purpose.

Shri S. M. Banerjee: Since the centenary of Rabindranath Tagore is fast approaching, may I know whether there is any proposal to bring out some stamps in his memory?

Dr. P. Subbarayan: Yes, Sir, there is a proposal. They will be of two denominations—15 nP. and Rs. 1.03 nP

Shri A. M. Tariq: May I know whether there is any proposal before the Ministry to have 15 nP. commemorative stamps for Shri Subhas Chandra Bose and Shri Rafi Ahmad Kidwai, who was the builder of this Ministry?

Dr. P. Subbarayan: It is a suggestion for action.

Mr. Speaker: Hon. Members may send their suggestions to the hon. Minister.

Re. S.Q. No. 1301.

Mr. Speaker: Before I proceed to the next question, I want to say with respect to the previous question regarding admission of TB patients into Delhi hospitals, that if there is any widespread complaint hon. Members will bring it to the notice of the hon. Minister who would like to consider it. The hon. Minister has got the matter examined through the proper channel who is the superior officer. If, however, there is such a widespread complaint, hon. Members will bring it to the notice of the hon. Minister and he will certainly see as to what further action is necessary.

Shri Karmarkar: I will be very happy to know that.

Shri Braj Raj Singh: Our fear is that the usual steps always bring the usual results. So there should be unusual steps taken to investigate the matter.

Shri Karmarkar: If there are unusual complaints we shall take unusual steps.

Shri D. C. Sharma: Out of 100 persons who give bribe only one has the courage to report the matter. Therefore whenever there is any complaint like that, a proper enquiry should be held. That is what I want.

Mr. Speaker: Hon. Member does not expect a High Court Judge to be appointed to investigate into the clerks conduct.

Milk Powder Factory at Vijayawada

*1383. { **Shri Rami Reddy:** / **Shri Padam Dev:**

Will the Minister of **Food and Agriculture** be pleased to state the progress made in regard to setting up of the Milk Powder Factory at Vijayawada in Andhra Pradesh?

The Deputy Minister of Agriculture (Shri M. V. Krishnappa): The UNICEF Executive Board, at its meeting held in March, 1960 have approved an assistance of 1.6 million dollars for the Vijayawada-Hyderabad Dairy Project. Formal agreement accepting the aid is being finalised in consultation with the State Government.

Shri Rami Reddy: When is the factory likely to go into production and what will be the capacity of the factory at the beginning and on the completion of the project?

Shri M. V. Krishnappa: The total investment will be about Rs. 3·15 crores. It will be one of our biggest factories in the country. It is to handle in the beginning 1,25,000 litres of milk per day. We want to see that it goes into production by 1963. We have already selected sites both at Vijayawada and at Hyderabad. The final agreement is being finalised between UNICEF and the Andhra Government.

श्री पदम् देव : वर्तमान काल में मिल्क पाउडर की बढ़ती हुई आवश्यकता को देखते हुये क्या मुल्क में और भी स्थानों पर इस किस्म की फैक्टरीज स्थापित की जायेंगी ?

श्री एम० वी० कृष्णप्पा : जी हां, मुल्क में दूध के पाउडर की बहुत आवश्यकता है और इसीलिये दूसरी पंचवर्षीय योजना में ८ जगहों पर मिल्क पाउडर फैक्टरीज स्थापित करने का इंतजाम किया जाना था । उन में से तीन जगहों पर अर्थात् अमृतसर, विजयवाड़ा और आनन्द में एक एक फैक्टरी काम कर रही है ।

Shri Rami Reddy: Is the Centre proposing to set up dairy farms in all the towns with a population of 50,000 and more? If so, how many dairy farms are going to be set up for the supply of milk to the Vijayawada Milk Powder Factory?

Shri M. V. Krishnappa: It is not a dairy farm. Dairy farm means keeping of cattle. It is a milk scheme. We intend to have 33 milk schemes executed by the end of the Second Plan. In the Third Plan period we propose to have a milk scheme for all cities with a population of at least one lakh. But it depends on the finance that we can get from the Planning Commission.

Shri Yadav Narayan Jadhav: May I know whether surplus milk after satisfying the local needs will be used for manufacturing milk powder?

Shri M. V. Krishnappa: It is only after satisfying the needs of the local people that milk will be sent to Hyderabad to be converted into milk powder in Vijayawada. Vijayawada is one of the richest milk producing areas in the country. There is surplus milk there. Nearly Rs. 2 crores to Rs. 3 crores worth of milk products, that is, butter and ghee, are sent to Madras and Calcutta by the railways alone.

Shri Hedge: Have any steps been taken to increase milk production in the area particularly on co-operative lines or on the lines of small farmers maintaining cows and buffaloes?

Shri M. V. Krishnappa: In fact, all our milk schemes are tagged on to the development of milk in the area. That will be done by organising co-operatives for the supply of milk. This milk will be collected from the co-operatives by the milk schemes. These co-operatives will be given pedigree breeding bulls, finance and loans to farmers to purchase better cattle and thereby increase the milk yield in the area.

Shri Sonevane: What are the reasons that even a city with a population of three lakhs is not so far covered by this milk scheme?

Shri M. V. Krishnappa: Provision in the Second Plan was only for 33 milk schemes in the country. In the Third Plan, as I said, all cities with a population of one lakh should be covered. That is the Third Plan scheme.

Shri V. P. Nayar: The hon. Deputy Minister stated that only surplus milk will be used for this. I would like to know in terms of *per capita* consumption of milk on which the need of the local people is assessed.

Shri M. V. Krishnappa: The total *per capita* consumption of milk in India is 5 ounces per day.

Shri V. P. Nayar: In these centres?

Shri M. V. Krishnappa: In this centre it is found that we would get more than two lakh litres of milk per day after meeting the demand of the local people.

Mr. Speaker: He wanted to know the basis on which you assess the demand there so as to assess the surplus.

Shri M. V. Krishnappa: The present consumption of people there is about 8 to 10 ounces per individual per day. For a normal and healthy diet it has been calculated that one requires 10 ounces per day. We could deduct 10 ounces per individual per day and take whatever is found in excess of the local consumption.

Shri V. P. Nayar: Consumption is 10 ounces, they produce 8 ounces and he says that there is an excess!

Shri M. V. Krishnappa: No; at present people are consuming 8 to 10 ounces per individual per day. For a normal healthy man the requirement, according to medical standards, is 10 ounces per individual per day. We are going to deduct 10 ounces per individual per day in that area and whatever is in excess is considered to be surplus.

Shri Rami Reddy: May I know the milk centre that would supply milk to this Vijayawada factory?

Shri M. V. Krishnappa: In fact, we want to cover the whole of Krishna District. The factory will be located near Vijayawada. About four chilling and collection centres—one near Vuyyuru Road, another on the Vizagapattam Road, another near Guntur Road—about three or four centres will be started. Within a radius of 40 to 50 miles we want to collect milk.

Decentralisation of Railways

***1304. Shri Harish Chandra Mathur:** Will the Minister of Railways be pleased to lay a statement showing:

(a) whether any decentralisation has been effected by delegating more powers at the divisional level; and

(b) what financial and administrative powers are exercised by Divisional Superintendents?

The Deputy Minister of Railways (Shri S. V. Ramaswamy): (a) and (b). The details are being collected and will be laid on the Table of the Sabha in due course.

Shri Harish Chandra Mathur: May I know whether the question of divisional set-up had been thoroughly examined before it was introduced and,

if so, whether it is to function as it is or is it being re-organised?

Shri S. V. Ramaswamy: There is no doubt about the thoroughness of the examination. It was thoroughly examined and a decision was taken.

Shri Harish Chandra Mathur: It appears from the answer of the hon. Deputy Minister that he does not know even to this day, though for so many years the divisional set up has been working, as to what are the powers which are delegated to the divisional superintendents. He says that the information is being collected. I have not been able to reconcile it with the statement that it has been thoroughly examined. It is the Centre that has delegated the powers. At least they should know as to what are the powers that have been delegated and how this is functioning.

Mr. Speaker: How can I allow a discourse on the matter here?

Shri S. V. Ramaswamy: I would briefly state the position. In 1956 it was thought that in order to implement the Five Year Plans power should be delegated to the GMs. Subsequently we advised the GMs. also that more and more powers be delegated at the lower levels. Then we asked them to submit to us as to what are the powers that have been delegated. The lists came up to us and we sought to analyse it. We found that there were variations from railway to railway because of local needs and because also of the fact that in some railways there is the divisional system and in others there is the district system. Because of this we could not find the proper yardstick for determining these needs. But the general instructions are that GMs., in consultation with the FA and CAO, should delegate as much powers as possible. To satisfy my hon. friend, I will give some examples.

Mr. Speaker: No; I am not going to allow it.

Sardar A. S. Saigal: By what time will the divisional scheme be completed in all the zonal railways?

Shri S. V. Ramaswamy: It will depend on circumstances. For instance, there are three railways where we have got the district system. In those three railways because of these peculiar circumstances we are not changing-over to the divisional system now. As and when a situation arises we shall consider the desirability of changing-over to this.

Shri Tangamani: May I know whether the divisional superintendents have got powers to decide about out-agencies and fix the operators if they decide about out-agencies?

Shri S. V. Ramaswamy: These are matters of detail. But generally they look into this question. As a matter of fact we have given a directive that out-agencies may be given to all places having a population of 10,000 and more and five miles from the nearest railway station.

Mr. Speaker: He does not want to know that. He wants to know whether the Divisional Superintendent is competent to give an out agency.

Shri S. V. Ramaswamy: I will require notice.

Shri Harish Chandra Mathur: Is the hon. Minister aware that practically every day quite a number of officers from the Divisional Superintendent's Office come to the Headquarters? What is the nature of the work which brings all these officers every day from the Divisional Superintendent's Office to the Headquarters?

Mr. Speaker: How does it arise?

Shri S. V. Ramaswamy: Which headquarters?

Shri Harish Chandra Mathur: Of the Railway.....

Shri S. V. Ramaswamy: There are several matters on which they may be consulted.

The Minister of Railways (Shri Jagjivan Ram): I am rather surprised to hear that a number of officers would be coming to the headquarters

every day from the Division. That never happens. It may be that occasionally there are some points on which they want the guidance of the headquarters and they may visit the headquarters. But I am surprised to hear that every day a number of officers visit the headquarters. That never happens.

Mr. Speaker: Shri Thirumala Rao.

Shri Harish Chandra Mathur: May I know whether the hon. Minister has got any assessment? What is his information? If our information is wrong, may I know.....

Mr. Speaker: The hon. Minister need not answer that.

Shri Harish Chandra Mathur: I always strictly abide by what you say, Sir.

Mr. Speaker: Very good. Shri Thirumala Rao.

Shri Thirumala Rao: May I know what is the agency that decides the powers to be exercised by the Divisional Superintendent? Is it the Zonal Manager or the Railway Board, or both of them together?

Shri S. V. Ramaswamy: As I said earlier, the General Managers have been given ample discretion to delegate powers in consultation with the F.A. and C.A.O.

Shri Harish Chandra Mathur: May I know what are the powers which the Divisional Superintendents have got so far as the disciplinary matters are concerned?

Mr. Speaker: How can they be given now on the floor of the House?

Shri Harish Chandra Mathur: This is a very broad question, Sir.

Mr. Speaker: Therefore, I am disallowing it.

Shri Harish Chandra Mathur: I want to know whether the man who is next to the General Manager has got disciplinary powers.

Mr. Speaker: The hon. Member must appreciate what are the disciplinary powers. They can be suspended, dismissed, and so on. Am I to allow all these details?

Shri Jagjivan Ram: The hon. Member is perhaps under the impression that this Divisional system is a new thing. He must remember that on several railways the Divisional system was in vogue long before the Divisional system was introduced on some other railways and we have established practices by which the Divisional set-up has been working. The ordinary rule for disciplinary action is that the appointing authority is competent to take disciplinary action against the employee who has been appointed by him The Divisional officers are competent to make certain appointments and they are competent to take disciplinary action.

Shri Ramanathan Chettiar: May I know whether any economy will be effected due to the introduction of the decentralisation scheme and if so, what will be the amount?

Shri S. V. Ramaswamy: I do not know how it arises out of this question.

Mr. Speaker: The next question.

Ginger Production

*1365. **Shri Manyangadan:** Will the Minister of **Food and Agriculture** be pleased to state:

(a) whether a memorandum regarding ginger production and marketing from the Kerala Ginger Growers' Association has been received by Government;

(b) whether Government is aware of the fact that the price the producer now gets is much lower than the cost of production of ginger;

(c) whether any steps are being taken by the Union Government for the price stabilisation of ginger; and

(d) if so, what are the steps taken?

The Minister of Agriculture (Dr. P. S. Deshmukh): (a) Yes.

(b) There is no data available with the Government to show that the price that the producer now gets is lower than the cost of production of ginger. However, according to information available with Government month end wholesale prices of ginger at important markets in India and abroad reveal an upward trend from January 1959.

(c) and (d). Although there is no specific scheme for the stabilisation of ginger prices, several steps for the improvement of the quality and prices of ginger have been taken.

Shri Maniyangadan: May I know whether the recommendations of the Spices Committee have been considered by the Government and whether any steps are being taken to implement them in future?

Dr. P. S. Deshmukh: Yes, Sir. All the recommendations of the Spices Committee are under implementation.

Shri Maniyangadan: May I know whether the export of ginger is now done by commission agents and that they take a large margin of profit and if so, whether anything could be done by the Government to see that the market is controlled so that the growers may get a better price?

Dr. P. S. Deshmukh: The only possibility of securing better prices under the circumstances is to organise co-operatives and give them the opportunity and the facilities to export ginger. I will try and look into it.

Shri V. P. Nayar: May I know whether the Government have considered the desirability of making products out of ginger and export them to the world outside with a view to making it possible for the growers to get a better price?

Shri P. S. Deshmukh: I could not hear the whole question.

Shri V. P. Nayar: I was asking whether the Government have considered the desirability of making products out of ginger and exporting them so that growers may get a fixed and better price.

An Hon. Member: There is a ginger group here.

Dr. P. S. Deshmukh: It does not seem that anything much has been done. But I am now taking interest in the subject and I hope we will be able to do some thing.

Shri Punnoose: May I know the obtaining price for ginger at the moment and how does it compare with that during the last year?

Dr. P. S. Deshmukh: I do not know about which particular maket my hon. friend mants to have the price from. If he wants to know the price in Kozhikode, I would give him. The price of ginger in Kozhikode was—January—61.71, February—61.68 and March—57.

Shri R. Narayanaswamy: May I know what steps are being taken to form a Spice Board?

Dr. P. S. Deshmukh: Not a Spice Board, but the Spices Committee. It is under active consideration.

Shri Maniyangadan: May I know whether the Government is aware of the fact that a ginger marketing co-operative society was started in Kerala at a place called Manipalli and that it has practically suspended business of marketing in ginger because it could not compete with the merchants?

Dr. P. S. Deshmukh: Yes, Sir. That is the competition which the co-operatives in many places are unable to face. But as the time goes on, we try to strengthen them as much as possible.

Shri Raghunath Singh: May I know whether the export of ginger should not be entrusted to the ginger group members of this Parliament?

Dr. P. S. Deshmukh: I am sure they want to do something more important than this.

Silting of Kandla Port

*1306. **Dr. Samanta Char:**
Shri Aurobindo Ghosal:
Shri P. C. Borooah:
Shri Raghunath Singh:
Shri Achar:

Will the Minister of **Transport and Communications** be pleased to state:

(a) whether it is a fact that the silting of the Kandla Port is posing a perennial problem;

(b) whether there is any long-term programme before Government to protect the port from silt;

(c) if so, the details of the programme and its cost; and

(d) the total amount spent up till now since the port was established on schemes to guard against and remove the silt?

The Minister of Transport and Communications (Dr. P. Subbarayan): (a) to (d). A statement is laid on the Table of the Sabha.

STATEMENT

(a) to (d). A sand bar, two miles in width and known as the Kaladara Shoal, lies across the mouth of the Kandla Creek. Ships going into or coming out of the Kandla Creek have to pass over this sand bar. Since it is in a state of constant disintegration, the navigation channel over it keeps on shifting. This has necessitated dredging of the approach channel over the Kaladara Shoal. There is no problem of siltation in the Port as such.

2. The Central Water & Power Research Station, Poona, is carrying out experiments with a view to suggest how best the approach channel over the Kaladara Shoal can be stabilised by suitable training works. However, as the redistribution of the bed material in the region is taking place constantly, the Poona Station will take some time before suggesting what training works are necessary.

3. Pending stabilisation of the approach channel, dredging of it has been resorted to. The dredger, "Visakha", was diverted from Vishakapatnam to Kandla for three months early in 1959 and the same is being done again in May 1960.

4. It has been decided to acquire a new dredger exclusively for the Port of Kandla. The technical details are being discussed by our consultants, M|s. Rendel, Palmer & Tritton, with the manufacturers and as soon as a decision is reached, an order will be placed for the dredger.

5. The expenditure incurred on dredging of the approach channel with the dredger, "Visakha", diverted from the Vizagapatam Port during 1959, was about Rs. 10 lakhs. The expenditure likely to be incurred on further dredging proposed to be undertaken in May 1960 will also be of the same order.

Shri Aurobindo Ghosal: May I know if before the Kandla Port was developed the area was examined and sand bar was bound?

Dr. P. Subbarayan: Yes, Sir. They knew about the existence of the sand bar but they thought that the draught will remain between 29 to 33. As it is, because of silting it often goes down to 23 to 27.

Shri Raghunath Singh: In view of the fact that the dredger from Vishakapatnam has been diverted to the Kandla Port, may I know whether a new dredger is going to be acquired for the Kandla Port?

Dr. P. Subbarayan: We have called for tenders for the new dredger in consultation with our advisers.

Shri Khimji: Is it a fact that in the meantime the dredger from the Vishakapatnam Port will be diverted to the Kandla Port?

Dr. P. Subbarayan: Yes, Sir. It will again begin to operate in May this year, the same dredger that operated last year.

Shri Khimji: Is it a fact that silting is a normal feature in practically every major port in the country?

Dr. P. Subbarayan: We did not think that dredging would be necessary in this port as it was originally contemplated. That is why there was no dredger in that place.

Shri Khimji: Is it not true that there was a provision in the original project for the dredger?

Dr. P. Subbarayan: I do not think there was any such provision because they did not think silting will be as much as it is now and that was why the dredger from Vishakapatnam Port was sent to the Kandla Port.

Shri P. C. Borooah: A port authority engineer from Australia was to visit India in connection with the development of Kandla Port. May I know whether the engineer visited India, and if so, with what result?

Dr. P. Subbarayan: I am not aware of this.

Shri P. C. Borooah: Since the Kandla Port is posing some problems, may I know whether there is any proposal before the Government to open out some new port near about Ahmedabad or Cambay for linking the area with the Arabian Sea?

Dr. P. Subbarayan: There is nothing wrong with the Kandla Port.

Shri Narayanankutty Menon: May I know whether it was not a fact that even in the project report of the Kandla Port it was mentioned that there would be intensive silting in the port and round-the-year dredging would be required?

Dr. P. Subbarayan: I am not aware of that. The hon. Member seems to know more than I do.

Shri Narayanankutty Menon: I have read the report.

Shri Kasliwal: May I know how far the capacity of this Port has been reduced after the silting has taken place?

Dr. P. Subbarayan: The vessels are still going in. As I said, the draft is up to 27 feet, and most vessels can go in at that depth.

Construction of Sailing Vessels

*1388. **Shri P. C. Borooah:** Will the Minister of Transport and Communications be pleased to state:

(a) whether it is a fact that Government in consultation with the Planning Commission have decided to give financial assistance for the construction of new sailing vessels of suitable design to be built on scientific lines during the current Plan; and

(b) if so, the details thereof?

The Minister of Transport and Communications (Dr. P. Subbarayan): (a) and (b). Yes, Sir. It has been decided to earmark a sum of Rs. 15 lakhs for the grant of financial assistance during the rest of the Second Plan period in the shape of loans for the construction of new sailing vessels of improved scientific design. The terms and conditions on which these loans would be given, and the procedure to be followed for the purpose, are now being finalised. A Naval Architect is being appointed shortly, who will scrutinise the specifications and give technical advice on the type, designs, etc., to which the vessels should be built up.

Shri P. C. Borooah: May I know whether any application has been received so far from the parties intending to take up the construction of such kind of vessels, and if so, how many have been received and what is the aggregate amount that is involved in the offers?

Dr. P. Subbarayan: I have no information on this except that we have provided Rs. 15 lakhs and with our technical assistants we examine the applications that are received.

Shri P. C. Borooah: What is the rate of interest proposed to be charged and the period of repayment?

Dr. P. Subbarayan: It will be the usual interest which is charged by the

Government, a per cent over what we borrow.

Shri Joachim Alva: Have Government surveyed the actual number of sailing vessels in the west and east coast of India and the possibilities of helping the indigenous producers to produce vessels on a co-operative basis?

Dr. P. Subbarayan: It is not the question under consideration. The question under consideration is whether any sum is allotted for the manufacture of new vessels. The question raised by the hon. Member is a larger one on which I will have to get information. If the hon. Member will put down a separate question, I will obtain the information he requires, if it is possible.

Shri Joachim Alva: If the hon. Minister does not possess the figures, how is he going to proceed about this now?

Mr. Speaker: He has not got it here.

Dr. P. Subbarayan: I think I know my business better than the hon. Member does.

Coal Thefts on Railways

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*1389. { **Shri Assar:** / **Shri Achar:**

Will the Minister of Railways be pleased to state:

(a) whether it is a fact that stealing of coal from wagons in transit, loco-sheds and engine tenders is on the increase;

(b) the estimated quantity of coal thus pilfered during the current financial year and the value thereof; and

(c) the steps, if any, Government propose to take to avoid this loss in future?

The Deputy Minister of Railways (Shri S. V. Ramaswamy): (a) No, Sir.

(b) and (c). A statement is laid on the Table of the House.

STATEMENT

The quantity of coal pilfered from the Railways during the financial year 1959-60 is 37810 tons roughly estimated at Rs. 8,54,845. The measures taken to prevent theft of coal are:—

(i) A watch is kept over coal stacks round the clock by the Rakshaks of the Railway Protection Force;

(ii) At times when situation demands, armed Rakshaks are also posted;

(iii) Special raids are arranged on affected spots by special parties of Railway Protection Force;

(iv) Plain clothes staff are detailed for prevention of such pilferages;

(v) Provision of proper fencing and adequate lighting arrangements is being made at the coal stacking areas;

(vi) Security measures at yards and sheds have been tightened up;

(vii) Nakabandi is arranged around vulnerable points in order to arrest culprits red-handed;

(viii) To check theft of coal in transit from Railway wagons efforts of the Railway Protection Force and Vigilance Organisations have been coordinated to locate the plague spots and to keep a sustained watch over these points.

(ix) Staff found involved in thefts or connivance thereof are given deterrent punishments;

(x) Antecedents of coal contractors and labourers are verified before appointment.

Shri Assar: What was the quantity and value of coal pilfered in 1958-59?

Shri S. V. Ramaswamy: It was about 55,729 tons, valued at Rs. 12·89 lakhs.

Shri Assar: May I know in what railway zones particularly these thefts have increased, and the reasons if any?

Shri S. V. Ramaswamy: As I said, there is no increase.

Mr. Speaker: He only wants to know in which railways there has been the maximum theft.

Shri S. V. Ramaswamy: The maximum is in the North-Eastern Frontier Railway; next comes the North-Eastern Railway.

Shri Jaganatha Rao: May I know the steps taken or proposed to be taken after this heavy incidence of theft? The statement gives the measures taken by Government to avoid the loss in future. May I know whether steps were taken in 1959-60, or new measures are to be taken in 1960-61.

Shri S. V. Ramaswamy: Some of them have already been there. We have intensified the drive to prevent thefts.

Shri Tyagi: What are the methods adopted by the thieves? Do they take wagons full or only baskets full, what is the method of theft?

Shri S. V. Ramaswamy: He must ask the thieves, not me.

Shri Tyagi: No, Sir. If anything is stolen, the proprietor of the property must know how much quantity has been stolen, in what way. If the hon. Minister does not know the method applied by the thieves, how can he prevent these thefts?

Mr. Speaker: We are arguing. The hon. Member evidently wants to know whether whole wagons have been stolen.

Shri S. V. Ramaswamy: No, Sir.

The Minister of Railways (Shri Jagjivan Ram): No wholesale wagons have been stolen, but in the very nature of things it is very difficult to determine what quantity has been stolen by what method and at what place, because the wagons have to go long distances.

Shri Tyagi: Has any such incident come to the notice of the Minister that the total stock was found short?

Mr. Speaker: He only wants to know how this has been arrived at. Have you apprehended all the thefts and found out the quantity or the deficit in the stock?

Shri S. V. Ramaswamy: It is largely shortage.

Some Hon. Members *rose*—

Mr. Speaker: If hon. Members are only going to assist in the discovery of all this, then I can allow the questions!

Next question.

Shrimati Mafida Ahmed: One question, Sir.

Mr. Speaker: I will allow her on another question.

ग्राम तथा रबी की फसलों को क्षति

*१३१०. + डा० राम सुभग सिंह : श्री मंगल प्रभाकर : श्री रघुनाथ सिंह : श्री विश्वनाथ राय :

क्या खाद्य तथा कृषि मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि मार्च, १९६० के दूसरे सप्ताह में वर्षा और ओलों के कारण देश के विभिन्न भागों में, ग्राम और रबी की फसलों को क्षति पहुंची है ;

(ख) यदि हां, तो किन-किन राज्यों पर इसका प्रभाव पड़ा है , और

(ग) कितनी हानि हुई है ?

कृषि उपमंत्री (श्री एम० वी० कृष्णप्पा): (क) से (ग). पूछी हुई जानकारी इकट्ठी की जा रही है और मिलने पर सभा की टेबल पर रख दी जायेगी ।

An hon. Member: In English also.

Shri M. V. Krishnappa: (a) to (c). The information is being collected and will be placed on the Table of the Sabha as soon as it is available.

Dr. Ram Subhag Singh: May I know when the Government of India approached the State Governments to send

this information, and whether any State Government sent the information in this regard on its own; if so, which State Government, and what is the information?

Shri M. V. Krishnappa: Normally, periodically every State Government sends us weather reports. As soon as we get a question, we immediately contact all the State Governments and get full information. In this connection, we asked all the State Governments and we have got information from West Bengal, Andhra, U.P., Kerala, Rajasthan, Delhi and Pondicherry. The remaining States have yet to give the information, and as soon as it comes, we will place it on the Table.

Dr. Ram Subhag Singh: May I know the extent of loss to *rabi* and mango crop in the States from which the information has been received?

Shri M. V. Krishnappa: They are also not able to assess properly the total damage. It is too early to say because only last month hailstorm occurred in many States, and it is a normal feature, every year we get it, but in some areas we get more, and it takes some time to assess it, but when the information is received, I will place it on the Table of the House, it will give all the information.

Dr. Ram Subhag Singh: May I know whether Government have received any request from the Government of Bihar to send grain stocks particularly to North Bihar?

Shri M. V. Krishnappa: We have not yet received the information from Bihar. As soon as we get it, we shall tell the hon. Member.

श्री रघुनाथ सिंह : मैं जानना चाहता हूं कि किस सूबे में सब से ज्यादा क्षति हुई है ?

श्री वी० वें० कृष्णप्पा : हेल-स्टार्म उत्तर प्रदेश में ज्यादा होते हैं । धाम का नाम आन्ध्र में भी होता है ।

The hon. Speaker's constituency is very famous for mangoes, and also the adjoining constituency which is mine. I own a mango garden, and every year it is a normal feature, there is destruction by hailstorm.

Sardar A. S. Saigal: May I know whether any State Governments have come forward requesting the Government of India to place more funds at their disposal in view of the damage suffered?

Shri M. V. Krishnappa: They have not yet asked. No Government has asked, as a result of this hailstorm, for more money.

Shrimati Renuka Ray: Has the West Bengal Government informed the Centre about the fact that Malda District has had its total mango crop destroyed, and have they asked for any funds to give loans to the mango growers?

Shri M. V. Krishnappa: With your permission, Sir, I will read the reply of the West Bengal Government, which is a small passage. They say:

> "Sporadic hailstorms and rains have been reported in the early part of March, but these were not heavy, and the damage to the standing *rabi* crop, including potato, is not likely to be appreciable. The fruiting of mango, however, suffered a setback."

The extent of damage has not been indicated.

Some Hon. Members *rose*—

Mr. Speaker: If there is a hailstorm or gale, am I to allow supplementaries regarding every State? The hon. Minister has said that he is gathering information. Whatever information he has, he has placed on the Table; whatever further information he gets, he will also place on the Table of the House.

A.I.I. London-Geneva Flight Record

*1211. **Shri Raghunath Singh:** Will the Minister of Transport and Communications be pleased to state whether it is a fact that a record for

commercial flight from London to Geneva was claimed on 19th March, 1960 by Air India International, performing 470 miles journey in 66 minutes instead of 115 minutes?

The Deputy Minister of Civil Aviation (Shri Mohiuddin): Air India International's Boeing which was on a proving flight and not on a scheduled flight from London to Geneva on the 19th March, 1960 covered the distance of about 470 nautical miles in 55 minutes. The Air India International Corporation are not in a position to confirm or deny whether it is a record for a commercial flight.

Shri Raghunath Singh: May I know how Government are going to appreciate the brave and efficient service of the pilots who have established a new record in the world?

Shri Mohiuddin: Of course, that question does not arise out of the main question, because the Air India International Corporation have not yet been able to either confirm or deny whether it is a record.

Shri Raghunath Singh: It has been published in the papers all over the world that the Indian pilots have established a new record in the world.

The Minister of Transport and Communications (Dr. P. Subbarayan): I would like to know what action the hon. Member demands of us. He is only suggesting action, and it is for Government to decide what they will do.

Re. Q. No. 1312.

Mr. Speaker: Next question. Shri Khadilkar. The hon. Member is absent. Next question.

Shri Braj Raj Singh: May I request that this question may be answered?

Mr. Speaker: Later on, after all the questions are over.

Shri Braj Raj Singh: Under rule 48, you will be pleased to see that you can allow the question at this stage also.

Mr. Speaker: I am not prepared to allow it. Other Members are waiting here.

Shri Braj Raj Singh: As a matter of fact, this is a question where Fundamental Rights are involved. So, I request that you may take it up.

Mr. Speaker: I am sorry I cannot help it now. After finishing the questions, I shall give opportunities later on.

हिमाचल प्रदेश में इमारती लकड़ी

*१३१५. **श्री पद्म देव :** क्या खाद्य तथा कृषि मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि मागवान जैसी मजबूत, साफ और चमकीली, वान, मौरू, खर्शू नाम के वृक्षों की लकड़ी हिमाचल प्रदेश के जंगलों में काफी मात्रा में पाई जाती है;

(ख) यदि हां, तो क्या लोग इसे ईंधन के काम में लाते हैं; और

(ग) क्या सरकार इस लकड़ी से फर्नीचर, खिलौने और रेल के स्लीपर बनाने की किसी योजना पर विचार कर रही है ?

कृषि उपमंत्री (श्री मो० वें० कुण्णप्पा): (क) से (ग). सभा की टेबल पर एक विवरण रख दिया गया है ।

विवरण

(क) जिन तीन प्रकार के वृक्षों का जिक्र है वह हिमाचल प्रदेश में बड़ी मात्रा में पाये जाते हैं, पर वह मागवान से बहुत घटिया है ।

(ख) जी हां । यह वहां पर कृषि सम्बन्धी औजार बनाने और जलाकर कोयला बनाने के भी काम आती है ।

(ग) जी नहीं, क्योंकि यह घरेलू फर्नीचर, खिलौने और रेल के स्लीपरों के लिये ठीक नहीं समझी जाती ।

श्री पद्म देव : क्या माननीय मंत्री को यह मालूम है कि भूतपूर्व राजा जुब्बल ने अपने खर्चे से एक महल बनवाया और उस के लिये सारा फर्नीचर इस लकड़ी का तैयार करवाया ? यदि यह सत्य है तो क्या कारण है कि सरकार इस खर्राू पेड़ की लकड़ी को घर का सामान तैयार करने के लिये नहीं इस्तेमाल कर सकती ?

श्री मो० धें० छुब्बया : यह बिल्कुल ठीक है कि वन और मोहरू का पेड़ बड़ा अच्छा होता है । लेकिन उस की लकड़ी से रेलवे के स्लीपर नहीं बन सकते । उन के लिये वह इतने अच्छे नहीं होते । This is a kind of oak that is found in Himachal Pradesh. It is a good tree, but still it is not quite good for sleepers and furniture and things like that.

श्री पद्म देव : क्या माननीय मंत्री अपने वक्तव्य का अनुसरण करते हुए वहां पर इस का कोई सर्वेक्षण करेंगे कि वह कितनी कीमती लकड़ी है और क्या उस से खिलौने और घर का सामान नहीं बन सकते हैं ?

श्री मो० धें० छुब्बया : उस के खिलौने तो बन सकते हैं । उस के कितने पेड़ हैं, हिमाचल प्रदेश गवनमेंट उस का सर्वेक्षण करने की सोच रही है ।

Research on Thunder Storms

*1317. **Shri D. C. Sharma:** Will the Minister of **Transport and Communications** be pleased to state:

(a) whether it is a fact that Government propose to promote research on thunder storms;

(b) whether any scheme is under consideration of Government;

(c) if so, the brief details thereof;

(d) whether Government propose to instal some modern storm detecting radars; and

(e) if so, the names of places where they are to be installed?

The Deputy Minister of Civil Aviation (Shri Mohiuddin): (a) and (b). The India Meteorological Department generally conducts studies on thunder-storms along with other meteorological phenomena. While no specific scheme for the promotion of research on thunder-storms is at present under consideration, the Department is taking active part in the research on this subject which is taking place in the international sphere.

(c) Does not arise.

(d) and (e). Storm detecting radars have been installed at the airports at Bombay, Calcutta, New Delhi, Madras, Nagpur and Gauhati. The question of installing radars at some more stations is under consideration.

Shri D. C. Sharma: May I know with what international agencies our Meteorological Department are conducting negotiations for research?

Shri Mohiuddin: One important international agency was the International Geophysical Year.

Shri D. C. Sharma: May I know since when this research has been started?

Shri Mohiuddin: I have mentioned that there is no special scheme, but the Indian Meteorological Department has started periodical research or finding of information about thunder-storms since 1897, that is, since the end of the 19th century, and since then, one or two other schemes have been carried out.

Shri Kasliwal: The hon. Minister is probably aware that the USA has launched a new satellite which is photographing these thunder-storms by television, and we know that already about 1200 pictures have been taken. May I know whether Government propose to get copies of those photographs so that they can be interpreted here, and whether Government have any agency to interpret those photographs?

The Minister of Transport and Communications (Dr. P. Subbarayan): This matter is being discussed at a conference, and we cannot reply to it at the present moment.

Attack on Railway Passengers near Dharamtul (Assam)

*1318. **Shri P. C. Borooah:** Will the Minister of Railways be pleased to state:

(a) whether it is a fact that passengers of the night 61 Up train were attacked with "Khukri" in between Jagiroad and Dharamtul stations in Assam on the 14th March, 1960; and

(b) if so, the details of the casualties?

The Deputy Minister of Railways (Shri S. V. Ramaswamy): (a) Yes, Sir.

(b) 17 passengers were injured, of whom 11 were admitted in hospital and 10 of them have since been discharged on 25-3-1960. The remaining one is progressing satisfactorily.

Shri Tyagi: What a shame!

Shri P. C. Borooah: May I know whether the culprit was sent to hospital for finding out whether he was not mad?

Shri S. V. Ramaswamy: All that I know is that he was handed over to the police.

Shri Hem Barua: May I know whether this incident occurred in the running train or when the train was in the yard?

Shri S. V. Ramaswamy: It was in the running train; between two stations, the incident occurred.

Shri Hem Barua: If so, how could it be possible for this culprit to get into a running train and inflict injuries on as many as 17 passengers in the train?

Shri S. V. Ramaswamy: It was not a culprit, but it was a passenger. There seems to have been a hitch between this Gurkha passenger and the co-passengers, and he seems to have taken out the 'Khukri' which he had with him, and hurt them pell-mell. Then, the chain was pulled, and the train was stopped; the two policemen, that is, the GRP, who were in the train came and arrested him. That is the story.

Shri Hem Barua: May I know whether this man who ran amuck in the train was mentally unsound?

Shri S. V. Ramaswamy: I have no information about that. Evidently, he picked up a quarrel with the passengers, and he ran amuck.

Mr. Speaker: Is the case pending?

Shri S. V. Ramaswamy: All that I know is that he has been handed over to the police.

Mr. Speaker: He has been handed over to the police. What hon. Members are now saying will all be for his defence. If hon. Members are eliciting answers to such questions, then it will all be a defence for that man.

Shri Hem Barua: It is strange that a passenger should inflict injuries on other passengers.

Mr. Speaker: The hon. Member is a professor and not a lawyer. That may be a proper defence for the culprit.

Reservation for S.C. & S.T. on Railways

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*1319. **Dr. Ram Subhag Singh:**
Shri Siddiah:
Shri Harish Chandra Mathur:
Shri Aurobindo Ghosal:
Shri B. Das Gupta:
Shri Kalika Singh:
Shri Subodh Hansda:
Shri R. C. Majhi:
Shri S. C. Samanta:

Will the Minister of Railways be pleased to state:

(a) whether it is a fact that the Madras High Court have ruled that the reservation for Scheduled Castes and Scheduled Tribes for filling selection posts in Class III Railways Service was unconstitutional;

(b) whether it is a fact that the Railway Ministry have issued instructions that candidates from other communities appointed against vacancies reserved on Railways for Scheduled Castes and Scheduled Tribes candidates, after the posts are declared unreserved, shall rank junior to Scheduled Castes and Scheduled Tribes candidates entering service one or two years later; and

(c) whether it is also a fact that instructions have also been issued to medical officers not to record the height and chest measurements in the fitness certificates issued to Scheduled Castes and Scheduled Tribes candidates?

The Deputy Minister of Railways (Shri S. V. Ramaswamy): (a) Yes.

(b) and (c). No such instructions have been issued.

Dr. Ram Subhag Singh: May I know whether it has been provided in a memorandum issued by the Home Ministry that there would not be any reservation in promotion posts, but a circular issued by the Railway Ministry in April last year does provide for reservation in promotion posts?

Shri S. V. Ramaswamy: I shall read out the relevant portion of the Home Ministry's order issued on 4th January, 1957. Therein, it has been laid down that the principle of reservation should be extended to all grades in all services which are filled by promotion through competitive examinations limited to departmental candidates and that the quantum of reservation in each case should be the same as has been prescribed for posts filled by direct recruitment through open competitive examinations for filling such posts. This is the order issued by the Home Ministry.

Shri Tyagi: Are Government aware of the fact that even in the British days, promotions were never allowed on the basis of representation, communal or otherwise? Have Government made a departure from this policy? Was it duly considered by the Cabinet, or is it one single Minister who has issued such orders which are anti-social?

The Minister of Railways (Shri Jagjivan Ram): I repudiate this insinuation of being anti-social; any insinuation to that effect is more anti-social, and anybody who makes such allegation is more communal.

Shri Tyagi: This is communal; this is anti-social. I feel like that. The country feels like that. (*Interruptions*).

Mr. Speaker: Order, order. I am sorry hon. Members are getting excited.

Shri Tyagi: This is an important matter. We are not a communal State.

Mr. Speaker: After all, this question has been put, and the answer is being given. The question hour ought not to be utilised for the purpose of expressing views as to whether it is good or bad. There are other remedies open to hon. Members. If the hon. Member wants to raise it, he knows what to do. Does the hon. Minister want to say anything?

Shri Jagjivan Ram: I am giving the answer. The hon. Member's question should not have been put with that adjective added to it. Only information should be sought. The Deputy Minister has read out the relevant portion of the Home Ministry's memorandum, and it is quite clear.

Now, there are certain categories of posts in the Government of India to which direct recruitment is not made. The whole cadre is filled only by promotion based on competition restricted only to departmental candidates, and if a certain percentage is fixed saying that of those posts filled on the basis of competitive examinations, some posts will be reserved for those communities which have not been

represented in the initial stage and will have no chance of representation in those categories of posts for a long time to come, I do not think that it is likely to affect the efficiency of the service.

Shri Tyagi: Is it not a fact that during the British days this claim was pressed by the Muslim League and it was rejected on the ground that it would be communal, and it was said that in the structure of the services, promotions were always based on efficiency or seniority and not on communal lines? There was no reservation like that then. Also, the Constitution does not envisage any such type of reservation.

Shri Jagjivan Ram: My hon. friend is too much excited. So far as promotions based on seniority are concerned, there is no reservation. This is only in cadres where the promotion is based on a competition restricted only to departmental candidates. Where the promotion is purely by seniority, there is no reservation.

Shri Tyagi: I want to clarify that promotion is essentially a departmental matter.... (*Interruptions*).

Mr. Speaker: Order, order. I am afraid we are going away from the main question. The simple question is whether the High Court has given any judgment and whether it has been followed up. What is the answer of the hon. Minister?

Shri Jagjivan Ram: The question has not been asked. To the question whether the Madras High Court have given a certain judgment, the answer 'yes' has already been given.

Mr. Speaker: It is being followed.

Shri Jagjivan Ram: Naturally, once a court gives a judgment, one has to abide by the decision of the court till that decision has been revised by a superior court.

Shri S. M. Banerjee: The other day it was stated in this House that Government contemplated approaching the Supreme Court against the judgment of the Madras High Court. I want to know whether that is being done or not.

Shri Jagjivan Ram: That is what I have said. Once a verdict has been given by a competent court, Government abide by the decision of the court till that decision has been revised by a superior court.

Shri Tyagi: I am anxious to investigate as to whether the whole Government are responsible for this action. Was it duly considered by the Government? Or is it an act of a single Ministry?

Shri Jagjivan Ram: That raises a constitutional question. Any action done by any individual Minister is the joint responsibility of the entire Government.

Several Hon. Members rose—

Mr. Speaker: Next question.

Shri Narayanankutty Menon: One relevant question has not been answered. (*Interruptions*).

Mr. Speaker: Order, order. Hon. Members are unnecessarily getting excited over this matter. The Government, just like any other party, are entitled to take the matter to the Supreme Court. Until a stay order is obtained, they have to abide by the High Court's judgment. The Government have got the right to take the matter up to the Supreme Court. They may or may not exercise that right. They cannot commit themselves now.

Shri Raghunath Singh: I want to know whether appeal has been preferred to the Supreme Court.

Shri Narayanankutty Menon: Is it a fact that the Government, according to a newspaper report, are going to appeal to the Supreme Court?

Mr. Speaker: I am not going to allow that question. Hon. Members will bear with me. What is the meaning of obstructing me? Why is should Government be forced to say 'yes' or 'no' to that? They may

take legal advice. Every newspaper may have its own views. Is it not open to Government to take their decision? The High Court says the decision is wrong. The Government cannot be expected to keep quiet. Rightly or wrongly, they take a decision. If it has been adjudged wrong by one court, they would like to know from the highest court whether the decision is right or wrong. Why should they not be allowed to do it? Otherwise, how can they function? Therefore, I am not going to allow any such question in anticipation, 'Are you going to appeal to the Supreme Court or not?'. It is left to them to decide.

Some Hon. Members *rose*—

Shri Tyagi: You may also be pleased to clarify one important point.....

Mr. Speaker: I have decided to proceed to the next question.

Shri Harish Chandra Mathur: Mr. Speaker, you must at least listen to us. I am going to ask a question which has not so far been asked and it has nothing to do with the premises which you hold. I am asking an entirely new question. My name is also there.

Mr. Speaker: It is for me to decide whether sufficient supplementary questions have been allowed or not. The hon. Member may feel differently. He may not be satisfied with the answers given. But I have to proceed question by question, not exhaust the whole hour on one question.

Next question. Shri Rami Reddy.

Shri Sonavane: I rose on a point of order. I was not heard.

Mr. Speaker: I have proceeded to the next question. It cannot be taken up now.

Shri Sonavane: I want to raise a point of order.

Mr. Speaker: I have disposed of this question.

Shri Bahadur Singh: Shri Tyagi has made an insinuation. I think it should be withdrawn.

Mr. Speaker: Next question.

Tungabhadra Hydro Electric Project

***1320. Shri Rami Reddy:** Will the Minister of **Irrigation and Power** be pleased to state:

(a) the progress made in the execution of the Tungabhadra Hydro Electric Scheme—Stage II;

(b) whether the required foreign exchange has been allocated;

(c) the amount of electricity that would be produced after the completion of the project; and

(d) when the project would be commissioned?

The Deputy Minister of Irrigation and Power (Shri Hathi): (a) to (d). A statement giving the information is laid on the Table of the House.

STATEMENT

(a) It has not been possible to take up the execution of the Project so far due to inadequacy of foreign exchange resources.

(b) Not yet. Efforts are being made to find foreign exchange resources for the Tungabhadra Hydro Electric Scheme (Stage II) along with certain other non-core power projects.

(c) 72,000 kW including 27,000 kW to be generated by the addition of 3 units of 9,000 kW in the second stage.

(d) Four units of 9,000 kW each have already been commissioned under Stage I. The taking up of work on four more units (one of Stage I and three of Stage II) will depend upon availability of foreign exchange. An indication of date of completion cannot, therefore, be given at present.

Shri Rami Reddy: May I know whether the Andhra Pradesh Government has made repeated representations to the Centre to include this project in the core of the Plan?

Shri Hathi: They have requested us to find out the foreign exchange for this project.

Shri Rami Reddy: May I know whether this matter is pending for the last four or five years?

Shri Hathi: It is not included in the core of the Plan. It will be rather difficult to find the foreign exchange for this project.

Shri Rami Reddy: Is it not a fact that this project will serve a most backward area, Rayalaseema, in Andhra Pradesh, and therefore the Andhra Presh Government has been pressing on the Centre for its inclusion in the core of the Plan?

Shri Hathi: So far as the first stage is concerned, the project is already being financed, and about 63,000 kW will be generated.

Shri Braj Raj Singh: May I now be allowed to ask Question No. 1312?

Mr. Speaker: No, no. Let it come up in the usual course.

Shri Tangamani: May I know what will be the foreign exchange content for this project?

Shri Hathi: For the whole project, I have not got the figures.

Training in Fisheries

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*1321. **Shri Padam Dev:**
Shri Ram Krishan Gupta:
Shri Ajit Singh Sarhadi:
Shri Ramakrishna Reddy:
Shri V. P. Nayar:
Shri A. K. Gopalan:

Will the Minister of **Food and Agriculture** be pleased to refer to reply given to Starred Question No. 407 on the 30th November, 1959 and state:

(a) whether Government have since selected suitable site for setting up the Central Institute of Fisheries Education on the West Coast in collaboration with the U.N. Special Project Fund;

(b) if so, the name of the site chosen; and

(c) the steps taken so far in setting up this project?

The Deputy Minister of Agriculture (Shri M. V. Krishnappa): (a) No.

(b) Does not arise.

(c) An application has been made to the U.N. Special Projects Fund authorities for technical and financial assistance for this project. This application is under the consideration of the Fund authorities and the question of a permanent site for the Institute will then be decided by the Government of India. In the mean time, the possibility of starting the Institute, as an interim measure, at the Institute of Science, Bombay, is being explored.

श्री पद्म देव : खुराक और रोशनी के लिहाज से आज मछली की उपयोगिता बहुत बढ़ गयी है और यदि बहुत जल्द यहां पर को ऐसा प्रोजेक्ट स्टार्ट नहीं किया जा सकता तो क्या सरकार इस सम्बन्ध में हिदुस्तान के कुछ व्यक्तियों को प्रशिक्षिण प्राप्त करने के लियें बाहर भेजने पर विचार कर रही है?

श्री ओ० वी० कृष्णप्पा: यह सही है कि देश में मछलियों की काफी आवश्यकता है और देश में काफी मात्रा में मछलियां मिल भी रही हैं। अब मछलियों को समुद्र तट से इकट्ठा करके शहरों में भेजने के वास्ते सरकार इंतजाम कर रही है और साथ ही इस सेंट्रल इंस्टीच्यूट आफ फिशरीज एजुकेशन के वास्ते जो हमें लोगों को प्रशिक्षिण देना है तो उनको फौरेन कंट्रीज में भेजने का भी हम इंतजाम करेंगे।

Shri A. K. Gopalan: May I know what was the recommendation of the Panikkar Committee about the location of the project?

Shri M. V. Krishnappa: The Panikkar Committee recommended that the ideally suited place is Cochin for practical as well as technical reasons.

It also suggested that since the erection of a permanent building and starting of the course there will take some years, in the meantime this Institute may be located on a temporary basis in Bombay where there are institutional facilities available.

Shri Ajit Singh Sarhadi: Has any specific date been fixed when this project would be complete or this scheme would fructify?

Shri M. V. Krishnappa: It requires about Rs. 75 lakhs to bring this institution into existence. The Fund is likely to agree to contribute 50 per cent. of it required for the establishment, the tecnnical equipment and other things. So, it takes at least about 2 to 3 years by the time we get this aid.

Shri Narayanankutty Menon: In view of the recommendation of the Panikkar Committee may I know whether the Government of India approached the Government of Kerala for a suitable building in Cochin in order to begin the temporary training centre there? If so, what are the results?

Shri M. V. Krishnappa: We have approached both the Governments of Bombay and Kerala for facilities. We are negotiating with both the Governments and we will take a decision after seeing which of the governments gives us the best facilities. But the Expert Committee say that the ideally suited place is Cochin; and we have not taken any decision on this.

Shri Narayanankutty Menon: About this temporary centre.....

Shri A. K. Gopalan: While the Panikkar Committee's recommendation is that the permanent site should be Cochin, will Government decide that the permanent place will be Cochin?

Shri M. V. Krishnappa: We have not yet taken a decision because the Committee itself felt that till the new facilities are available at Cochin, we can start a temporary centre in Bombay. So, it is in accordance with that recommendation that we are starting the temporary institution at Bombay. But the final decision will be taken after we get the aid from U.N. Fund. We are getting the facilities that are going to be provided by both the Governments.

Shri Narayanankutty Menon: My question was relating to the temporary location. It is whether, regarding the temporary location, the Government of India approached the Government of Kerala for facilities.

Shri M. V. Krishnappa: There are no facilities at Cochin for the temporary location. I myself visited the place. Whereas, in Bombay we have institutional facilities; we have the deep sea exploratory project; and the Expert Committee itself felt that we can temporarily locate it at Bombay. When we get the institutional facilities at Cochin we can shift there.

Shri Narayanankutty Menon: Why I mentioned Cochin specifically was because the Government of Kerala was prepared to give a building. May I know whether.....

Mr. Speaker: Thert is no meaning in pursuing this matter. The hon. Minister himself went there and saw the facilities. Even if the Kerala Government is willing to give the building, if he is not satisfied that there are facilities, whose word is to prevail? I think the hon. Minister's word should prevail.

Shri M. V. Krishnappa: It is the Expert Committee's recommendation that we have accepted. The Expert Committee has suggested that temporarily it may be located at Bombay; and we have done it. For the permanent institution they have stated that the ideal site will be Cochin. And, in that connection, we have not yet taken the decision.

Mr. Speaker: The Question Hour is over

WRITTEN ANSWERS TO QUESTIONS

Kalinga Airlines

*1297. { **Shri Ram Krishan Gupta:** **Shrimati Renu Chakravarty:**

Will the Minister of **Transport and Communications** be pleased to refer to the reply given to Starred Question No. 565 on the 3rd December, 1959 an dstate:

(a) whether Government have since examined the Accident Investigation Report regarding the crash of an aircraft of Kalinga Airlines on the 3rd August, 1959; and

(b) if so, the result thereof?

The Deputy Minister of Civil Aviation (Shri Mohiuddin): (a) and (b). The report has been examined. In the opinion of the Government certain findings in the report called for further investigation and an Expert Departmental Committee was appointed for the purpose. The Committee has since submitted its report which is under examination.

पवन चक्कियां

*१३००. **श्री विभूति मिश्र :** क्या स्वास्थ्य मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या सरकार ने राष्ट्रीय जल-संभरण तथा सफाई कार्यक्रम (ग्रामीण) के अंतर्गत पवन चक्कियों की स्थापना के लिये विभिन्न स्थानों की उपयुक्तता का पता लगाने के लिये विभिन्न क्षेत्रों में जलवायु सम्बन्धी परीक्षण किये हैं;

(ख) यदि हां, तो इस प्रयोजन के लिये कौन सी जगहें उपयुक्त समझी गई हैं;

(ग) सरकार ने अब तक कहां-कहां पवन चक्कियां लगाई हैं; और

(घ) वे कहां तक उपयोगी सिद्ध हुई हैं ?

स्वास्थ्य मंत्री (श्री करमरकर) : (क) से (घ). सूचना एकत्र की जा रही है और उपलब्ध होने पर सभा की मेज पर रख दी जायेगी ।

Aerodrome at Forloshganj (Bihar)

*1307. { **Shri Bholanath Biswas:** **Shri P. G. Sen:**

Will the Minister of **Transport and Communications** be pleased to state:

(a) whether it is a fact that the Central Government have decided to construct an aerodrome at Forloshganj (Bihar);

(b) if so, the progress so far made and the expenditure incurred up till now; and

(c) how much time it will require to complete?

The Deputy Minister of Civil Aviation (Shri Mohiuddin): (a) Yes, Sir.

(b) and (c). The lands originally required had since been acquired. The earth-work had also made reasonable progress. But the work had to be suspended as it was found that there were some graves in this area. In order to exclude the graves, the Government have decided to realign th runway by acquiring another 34 acres of extra land. As soon as it becomes known that no graves/mosque fall in these 34 acres and these lands become available the work will be completed in 18 months. Upto 29th February, 1960 an expenditure of Rs. 1.19 lakhs approximately had been incurred on this project.

Withholding of Telegrams

*1312. **Shri Khadilkar:** Will the Minister of **Transport and Communications** be pleased to state:

(a) whether it is a fact that certain telegrams sent by the State Bank Employees Association from Calcutta on 14th March, 1960 to Orissa were

withheld at Cuttack declaring them objectionable; and

(b) if so, under what law or authority the Telegraph Office tampered with the transmission of these telegrams?

The Minister of Transport and Communications (Dr. P. Subbarayan): (a) Yes, on 4th, 7th, 8th and 17th March, 1960.

(b) Under Indian Telegraph Rule 17.

Sugar Quota for Sugar Factories Employees in Bihar

*1313. **Shri Rajendra Singh:** Will the Minister of **Food and Agriculture** be please to state:

(a) whether it is a fact that Government have permitted Sugar Mill Owners of North Bihar to sell a certain quota of sugar at ex-factory price to their respective employees; and

(b) if so, whether Government have received complaints from workers that the sugar earmarked for sale to the workers concerned has been sold at black market rates to people other than the workers?

The Deputy Minister of Food and Agriculture (Shri A. M. Thomas): (a) Yes, Sir.

(b) One complaint was received in December 1959 that sugar released to a factory in November 1959 was not sold to employees. On enquiry the factory intimated that the complaint was not correct and in fact, due to poor offtake by employees, it could sell only 22 bags through its retail shop out of 49 bags released. The balance quota was not utilized.

Tokens for making Telephone Calls

*1314. **Shri Ram Krishan Gupta:** Will the Minister of **Transport and Communications** be pleased to refer to the reply given to Unstarred Question No. 837 on the 3rd December, 1959 and state whether the proposal for manufacture of tokens for making telephone calls has since been settled in consultation with the Ministry of Finance?

The Minister of Transport and Communications (Dr. P. Subbarayan): The matter is still under the consideration of the Ministry of Finance.

World Health Assembly in Delhi

*1316. **Shri Bibhuti Mishra:** Will the Minister of **Health** be pleased to state:

(a) whether it is a fact that World Health Assembly is going to meet in Delhi sometime in February, 1961;

(b) if so the total expenditure to be incurred by Government; and

(c) the extent to which India is going to be benefited by that sitting?

The Minister of Health (Shri Karmarkar): (a) The Government of India have invited the World Health Assembly to hold its 14th Session at New Delhi, in February, 1961. The invitation will be considered by the 13th World Health Assembly to be held in May, 1960.

(b) The Government of India are likely to spend about Rs. 14 lakhs, including the contribution to the World Health Organisation to meet the extra expenses on account of holding the session in India.

(c) Experts in India will get an opportunity of exchanging ideas with their counterparts from other countries on important medical and public health matters.

The Session will be attended by a large number of delegates thus enabling the country to earn some foreign exchange.

The holding of the Session will also add to the prestige of this country in international circles.

हिमाचल प्रदेश में ट्रक के ढांचों का निर्माण

*१३२२. श्री पद्म देव :
श्री हेम राज :

क्या परिवहन तथा संचार मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि हिमाचल प्रदेश लकड़ी का घर होने पर भी हिमाचल सरकार के परिवहन विभाग के लिये ट्रकों और बसों के ढांचे (bodies) बाहर से बनवाये जाते हैं;

(ख) क्या यह भी सच है कि हिमाचल प्रदेश में यह काम बहुत कम लागत से हो सकता है; और

(ग) यदि हां, तो क्या सरकार इस सम्बन्ध में कोई कार्यवाही करने का विचार कर रही है ?

परिवहन तथा संचार मंत्री (डा० व० सुब्बरायन) : (क) हिमाचल प्रदेश में सभी प्रकार की मुलायम लकड़ी (साफ्ट वुड) मिल जाती है लेकिन सोक्ता लकड़ी (सीजण्ड वुड) खास तौर पर सक्त (हार्ड वुड) किस्म की लट्ठों के रूप में कटी हुई यहां नहीं मिलती । इसे पंजाब से मंगाना होता है । इसलिये यहां का परिवहन विभाग गाड़ियों के ढांचे पंजाब में बनवाता है । ये ढांचे पंजाब में गाड़ियों के ढांच बनाने वाले अनुमोदित दूकानदारों से बनवाये जाते हैं ।

(ख) हिमाचल प्रदेश में इन ढांचों के बनाने वाले उपयुक्त व्यक्ति नहीं मिलते, अतः इसका सवाल ही नहीं उठता ।

(ग) हिमाचल प्रदेश की सरकार ने अपनी तारादेवी की केन्द्रीय वर्कशाप में ट्रकों के ढांचे बनवाने शुरू कर दिये हैं और ज्यों ज्यों स्थानीय कारीगर इस काम को सीख जायेंगे, बसों के ढांचे बनाने का काम भी शुरू कर दिया जावेगा ।

Licences for Cyclists

*1323. **Shri P. C. Borooah:** Will the Minister of **Transport and Communications** be pleased to state:

(a) whether it is a fact that the Delhi Administration have received proposals in regard to cycle traffic from the traffic consultant and official of the Central Road Research Institute that every cyclist should have a riding licence; and

(b) if so, the details thereof?

The Minister of Transport and Communications (Dr. P. Subbarayan): (a) Yes.

(b) The details of the proposal are as follows:—

(i) A system of inspection, registration of cycles and giving licences to ride cycles should be introduced.

(ii) The minimum age for a person desiring to obtain a cycle riding licence should be 18 years.

(iii) Special licences may be granted to school students, who have attained the age of 12 years, for cycling on specified roads.

Water Supply in Sahadra

1760. **Shri B. C. Mullick:** Will the Minister of **Health** be pleased to state:

(a) whether there is a shortage of water supply in Shahdra town; and

(b) the steps being taken by Government to remove it?

The Minister of Health (Shri Karmarkar): (a) There is shortage of water supply in Shahdra area, specially in the newly-developed areas on the periphery of the town proper.

(b) The Delhi Municipal Corporation has installed three tube wells in Krishnanagar area from which water is being pumped to Shahdra town and the adjoining areas. As the yield of the tube wells in that area is not very satisfactory, the Corporation propose to instal two more tube wells in that area. Tenders for the work

have already been invited by that body.

As a long term measure, in pursuance of the recommendations of the Technical Committee which had been set up to advise on the measures for stabilising and augmenting Delhi's water supply, the Government of India have requested the Government of Uttar Pradesh to develop tube wells in the Loni area which is reported to be a satisfactory tube-well area. The Government of Uttar Pradesh are preparing the necessary plans and estimates.

Corruption Cases on Northern Railway

1761. Shri D. C. Sharma: Will the Minister of **Railways** be pleased to state:

(a) the number and nature of corruption cases committed by the Northern Railway employees during 1959;

(b) the number of person acquitted, Class-wise; and

(c) the number of persons convicted, Class-wise?

The Deputy Minister of Railways (Shri S. V. Ramaswamy): (a) The number of corruption cases during 1959 was 80. Nature of the cases was:—

(i) Accumulation of wealth, disproportionate to known sources of income.

(ii) Acceptance of illegal gratification.

(iii) Cheating.

(iv) Misappropriation of Government money.

(v) Falsification of records.

(vi) Misuse of Railway materials and labour.

(vii) Misuse of passes and P.T.O's.

(viii) Acceptaing materials and works below specification.

(b) Nil.

(c) Nil.

Railway Bridge on Kolaghat Station

1762. Shri S. C. Samanta: Will the Minister of **Railways** be pleased to state:

(a) in which year the Railway Bridge at Kolaghat Station of the South Eastern Railway was threatened to fall down;

(b) how it was saved;

(c) whether at any time boulders and stones were piled up at the foot of the piers of the said bridge to save those piers;

(d) if so, how many times; and

(e) what was the cost involved?

The Deputy Minister of Railways (Shri S. V. Ramaswamy): (a) There was no such threat to this bridge at any time.

(b) Does not arise.

(c) and (d). Scour holes around pier No. 4 were filled up with boulders in 1939 and 1942.

(e) The information is not available.

Kolaghat Bridge

1763. Shri S. C. Samanta: Will the Minister of **Railways** be pleased to state:

(a) when the Kolaghat Bridge (South Eastern Railway) on the Rupnarain river was built;

(b) what was the total cost involved;

(c) how many piers are there in the bridge;

(d) whether the piers were built to bear more loads, if required;

(e) whether the Railway Ministry was consulted by the Transport and Communications Ministry before the latter took decision to build a separate road bridge on the Rupnarain by the side of the Kolaghat Railway Bridge; and

(f) if so, what was the opinion of the Railway Ministry in the matter?

The Deputy Minister of Railways (Shri S. V. Ramaswamy): (a) to (c). The Kolaghat Railway Bridge consisting of 11 spans—seven spans of 300 feet and four spans of 100 feet—was constructed at a cost of Rs. 39,51,305 and opened to traffic in April, 1900. Subsequently the following additional expenditure has also been incurred:

(i) For doubling—Rs. 33,84,273.

(ii) On strengthening—Rs. 7,68,723.

(d) The piers and abutments were built for double line Railway bridge.

(e) and (f). In December, 1954 when the Ministry of Transport had come up with a proposal for the construction of a separate Road Bridge on the Rupnarain River by the side of the existing Kolaghat Railway Bridge, the Railway Board had agreed for the same and also agreed to the transfer of some portion of the Railway land for the purpose of constructing the Road Bridge.

Improvement of Scarcity Areas

1764. Shri Rami Reddy: Will the Minister of **Irrigation and Power** be pleased to state:

(a) the allocations made State-wise during the First and Second Five Year Plans for Programmes of Improvement of Scarcity Areas;

(b) the expenditure incurred and the benefits achieved, State-wise;

(c) the criteria or the principles for the determination of Scarcity Areas; and

(d) the details of the Programmes of Improvement of Scarcity Areas in Andhra Pradesh undertaken during the First and Second Five Year Plan periods?

The Deputy Minister of Irrigation and Power (Shri Hathi): (a) A statement (No. I) showing the allocations made State-wise during the 1st and 2nd Five Year Plans under the Programme of Permanent Improvement of Scarcity Areas is laid on the Table. [*See* Appendix III, annexure No. 44].

(b) A statement (No. II) showing the figures of expenditure incurred by various States is laid on the Table. [*See* Appendix III, annexure No. 44].

Information with regard to benefits achieved by the States under this Programme is being collected and will be laid on the Table of the House as early as possible.

(c) The basic considerations which led to the formulation of the programme for permanent improvement in scarcity areas in various States were:—

(i) Relief to chronic scarcity areas;

(ii) Addition to purchasing power;

(iii) Capacity to support future improvement programmes; and

(iv) Employment opportunities.

(d) A statement (No. III) giving details of the programme in Andhra Pradesh is laid on the Table. [*See* Appendix III, annexure No. 44].

Minor Irrigation Schemes in Andhra Pradesh

1765. Shri M. V. Krishna Rao: Will the Minister of **Food and Agriculture** be pleased to state the amount of financial assistance asked for by the Andhra Pradesh Government or proposed to be given towards the minor irrigation schemes during 1960-61 in Andhra Pradesh?

The Deputy Minister of Agriculture (Shri M. V. Krishnappa): The Government of Andhra Pradesh asked for a provision of Rs. 306.85 lakhs for minor irrigation schemes during 1960-61. Taking into account the anticipated expenditure during the year 1959-60 and providing for some acceleration over last year's performance

a plan outlay of Rs. 250.00 lakhs has been agreed to for the year 1960-61.

Development of Horticulture in Andhra Pradesh

1766. Shri M. V. Krishna Rao: Will the Minister of **Food and Agriculture** be pleased to state the amount proposed to be given for the development of horticulture in Andhra Pradesh during 1960-61?

The Minister of Agriculture (Dr. P. S. Deshmukh): A sum of Rs. 10,50,000 is proposed to be spent on Horticultural Development in Andhra Pradesh during 1960-61. This would cover two schemes, namely, (i) Fruit Development and (ii) Cashewnut Development.

Passenger Amenities on Pathankot-Jullundur Section

1767. Shri D. C. Sharma: Will the Minister of **Railways** be pleased to state:

(a) the amount spent during 1959-60 for providing amenities for passengers at the Mukerian, Dasna and Tanda Stations separately on Pathankot-Jullundur Section of the Northern Railway; and

(b) the nature of amenities provided Station-wise?

The Deputy Minister of Railways (Shri Shahnawaz Khan): (a) Nil.

(b) Does not arise.

Mobile Library Service on E. Railway

1768. Shri D. C. Sharma: Will the Minister of **Railways** be pleased to state:

(a) whether mobile library service has been provided on the Eastern Railway; and

(b) if so, on what sections?

The Deputy Minister of Railways (Shri Shahnawaz Khan): (a) Yes.

(b) Mobile libraries have been provided on the following sections:

Name of Division	*Sections served by the library*
Dinapore	(*i*) Phulwarisarif—Barh (*ii*) Neora—Dumraon (*iii*) Patna—Chakand
Asansol	(*i*) Andal—Ikra—Sitarampore (*ii*) Andal—Suri (*iii*) Gomoh—Barkakana
Sealdah	(*i*) Ranaghat—Gede (*ii*) Ranaghat—Santipur—Nabadwip (*iii*) Ranaghat—Lalgola (*iv*) Ranaghat—Bongaon (*v*) Ranaghat—Kanchrapara.

Complaints at Pathankot Station

1769. Shri D. C. Sharma: Will the Minister of **Railways** be pleased to state:

(a) the number and nature of complaints lodged at Pathankot Junction Station in complaint book during 1959-60; and

(b) the nature of action taken or proposed to be taken?

The Deputy Minister of Railways (Shri Shahnawaz Khan): (a) During the period 1st April, 1959 to 29th February, 1960, 55 complaints were recorded in the Complaint Book kept at Pathankot Jn.

The complaints were in respect of the undermentioned main items, the number against each item being as shown against it.

Main Item	*No.*
(1) Incivility	5
(2) Bribery and Corruption	3
(3) Irregular working of Commerical staff such as late opening of booking windows absence from duty, refusal to book goods	14
(4) Irregular train service	4
(5) Mechancial defects *i.e.*, fans or lights not working properly	3
(6) Unsatisfactory catering arrangements	6
(7) Lack of amenities	7
(8) Non-availability of waiting/Retiring rooms	3

(9) Miscellaneous complaints .	7
(10) Complaints against licensed porters . . .	3
TOTAL	55

(b) In respect of complaints relating to lack of amenities, action to provide the amenities, where justified, has been taken or the amenities noted for provision at a later date. Staff found liable for complaints which were substantiated have been suitably dealt with, particulars thereof being as follows:—

Nature of action taken	*No. of cases so dealt with*
Withholding of increment temporarily . . .	2
Stoppage of privileges .	3
Censure . . .	1
Warning . . .	8
Fined	1

Punishment Awarded to N. Railway Employees

1770. Shri D. C. Sharma: Will the Minister of **Railways** be pleased to state:

(a) the number of employees punished for various offences, including sleeping while on duty either by stoppage of increment or by fine, on the Northern Railway during 1959-60, Division-wise and Class-wise; and

(b) the amount of money collected or saved by way of (i) fines, and (ii) stoppage of increments, Class-wise, during the same period?

The Deputy Minister of Railways (Shri Shahnawaz Khan): (a) and (b). A similar question covering the period upto 30-11-1959 was asked by the same M.P. during the last session of the Parliament, vide Unstarred Question No. 1515, which was replied to on 16-12-1959. It has not been possible to obtain information for subsequent months in the short time available.

Co-operative Rice Milling Units in Delhi

1771. Shri D. C. Sharma: Will the Minister of **Community Development and Co-operation** be pleased to state:

(a) the number of co-operative rice-milling units for which Delhi Administration have so far sought financial assistance or loan;

(b) the number of rice-milling units in Delhi at present; and

(c) what will be their number by the end of the Second Five Year Plan period?

The Deputy Minister of Community Development and Co-operation (Shri B. S. Murthy): (a) There is no Co-operative Rice Mill in Delhi territory and as such the question of seeking financial assistance or loan does not arise.

(b) There is only one privately owned rice mill registered under the Factories Act with Director of Industry and Labour, Delhi.

(c) As rice is grown to a very negligible extent in this territory, setting up of co-operative rice mills is not contemplated under the Second Plan. It is is also not possible to say what the number of privately owned rice mills will be by the end of the Second Five Year Plan.

Committees and Boards of P. & T. in Delhi

1772. Shri D. C. Sharma: Will the Minister of **Transport and Communications** be pleased to state:

(a) whether it is a fact that some Committees and Advisory Boards have been formed by the Posts and Telegraphs Department in Delhi State during the current year;

(b) whether any Members of Parliament or Corporation have been nominated on them; and

(c) if so, the political party to which they belong?

The Minister of Transport and Communications (Shri P. Subbarayan): (a) No Committee or Advisory Board has been formed so far by the P.&T. Department in Delhi State during the year 1960. The following Advisory Committees formed prior to 1960 however continue to function in that State.

(i) One Regional P.&T. Advisory Committee.

(ii) One Telephone Advisory Committee.

(b) and (c). New members were nominated on these Committees from time to time on the expiry of the normal term of membership. The information regarding political party to which the members belong is given below:—

(1) *Regional P&T Advisory Committee*

Members of Parliament	Two Congress
Members of Delhi Municipal Corporation	Two-Congress

(2) *Telephone Advisory Committee*

Members of Parliament	One-Congress
Members of Delhi Municipal Corporation.	One-Independent

Improvements at Stations

1773. **Shri Sanganna:**
Shri S. C. Samanta:

Will the Minister of **Railways** be pleased to refer to the reply given to Unstarred Question No. 1272 on the 4th March, 1959 regarding improvements effected on the stations of Cuttack, Puri, Bhubaneswar etc. on the South Eastern Railway and state:

(a) the progress made up-to-date;

(b) if no progress has since been made the reasons therefor?

The Deputy Minister of Railways (Shri Shahnawaz Khan): (a) and (b). A statement is laid on the Table of the Sabha. [*See* Appendix III, annexure No. 45].

Central Board of Irrigation and Power

1774. **Shri Subodh Hansda:**
Shri R. C. Majhi:
Shri S. C. Samanta:

Will the Minister of **Irrigation and Power** be pleased to state:

(a) whether recommendations of the Central Board of Irrigation and Power for the year 1959 have been ratified;

(b) if so, whether these recommendations have been circulated to various States and Organisations for implementation; and

(c) whether States have agreed to accept all the recommendations?

The Deputy Minister of Irrigation and Power (Shri Hathi): (a) The recommendations of the Board made at its annual meetings cover only the technical aspects of the problems in irrigation and power sector, and are not required to be ratified by Government.

(b) The recommendations have been circulated by the Central Board of Irrigation and Power to its members who are Chief Engineers, Irrigation and Electricity in the States, and at the Centre.

(c) The members of the Board have accepted the recommendations, and are getting them implemented.

Hindustan Shipyard

1775. **Shri Ram Krishan Gupta:** Will the Minister of **Transport and Communications** be pleased to refer to the reply given to Starred Question No. 795 on the 11th December, 1959 and state the nature of progress made so far by the Hindustan Shipyard for building of nine ships ordered by the Eastern and Western Shipping Corporations?

The Minister of Transport and Communications (Dr. P. Subbarayan): The progress is indicated below:—

One vessel has since been launched and keel for the fifth vessel has been

laid. In all there are five vessels under construction at present.

The first vessel is expected to be ready for delivery by the end of 1960, the next three in the first half of 1961, and the fifth in the second half of 1961.

The remaining three ships are scheduled for construction as follows:—

	Keel-laying	Launching	Completion.
V.C. 150	May, 1960	April, 1961	December, 1961
V.C. 151	July, 1960	June, 1961	March, 1962
V.C. 152	January, 1961	November, 1961	July, 1962.

Orders for main engines and steel for all the eight ships have been placed and a substantial part of the orders for the other items of imported equipment has also been placed.

As already stated in reply to S.Q. No. 795, dated the 11th December, 1959, the order for one vessel has been cancelled.

Damage to Crops

1776. Shri Ram Krishan Gupta: Will the Minister of **Food and Agriculture** be pleased to refer to the reply given to Starred Question No. 35 on the 17th November, 1959 and state:

(a) whether information regarding the over-all position of the damage to various crops as a result of drought and floods has been collected; and

(b) if so, the details thereof (State-wise)?

The Deputy Minister of Agriculture (Shri M. V. Krishnappa): (a) and (b). The information received so far from the State Governments/Union Territories is given in the Statement laid on the Table of the Sabha. [*See* Appendix III, annexure No. 46].

T.B. Clinic at Agartala

1777. Shri Ram Krishan Gupta: Will the Minister of **Health** be pleased to refer to the reply given to Unstarred Question No. 1328 on the 11th December, 1959, and state at what stage is the proposal for the setting up of a full-fledged T.B. Clinic at Agartala?

The Minister of Health (Shri Karmarkar): A T.B. Clinic has been set up in the V. M. Hospital, Agartala.

Accident at Sonepur Gandak Bridge

1778. Shri Ram Krishan Gupta: Will the Minister of **Railways** be pleased to refer to the reply given to Starred Question No. 402 on the 30th November, 1959 and state:

(a) whether Government have examined the report of the Enquiry Committee regarding the death of labourers in the construction of Sonepur Gandak Bridge; and

(b) if so, the results thereof?

The Deputy Minister of Railways (Shri S. V. Ramaswamy): (a) and (b). The report is under examination.

Salem-Bangalore Rail Link

1779. { Shri Ram Krishan Gupta: Shri T. B. Vittal Rao:

Will the Minister of **Railways** be pleased to refer to the reply given to Starred Question No. 440 on the 30th November, 1959 and state at what stage is the proposal for a metre gauge railway line between Salem and Bangalore?

The Deputy Minister of Railways (Shri S. V. Ramaswamy): The proposal has been noted for consideration along with similar other proposals for the Third Five Year Plan.

Allahabad-Lucknow Air Service

1780. Shri Goray: Will the Minister of **Transport and Communication** be pleased to state:

(a) whether it is a fact that Indian Airlines Corporation has stopped the daily air service between Allahabad and Lucknow from 2nd December, 1959; and

(b) if so, what are the causes of this stoppage?

The Deputy Minister of Civil Aviation (Shri Mohiuddin): (a) and (b). The Indian Airlines Corporation discontinued the connection between Allahabad and Lucknow from 1st December, 1959 as the traffic generated on this sector was extremely poor.

Kuiloor Irrigation Project in Kerala

1781. **Shri A. K. Gopalan:**
Shri Narayanankutty Menon:

Will the Minister of **Irrigation and Power** be pleased to state:

(a) whether the Kuiloor Irrigation Project in Kerala is proposed to be taken up for execution;

(b) if so, when it is likely to be started;

(c) what is the likely cost of the project; and

(d) what are the benefits of the project?

The Deputy Minister of Irrigation and Power (Shri Hathi): (a) and (b). The Government of Kerala have reported that Valapattanam Project for which the diversion head works are proposed at a place called 'Kuiloor', is likely to be sponsored by them for inclusion in the Third Five Year Plan. The Third Plan is still in preparatory stage and no definite indication about the chances of this Project being included in the Third Plan can be given at this Stage.

(c) and (d). The Government of Kerala have reported that Stage I of the project, which is proposed to be taken up by them in Third Plan, is estimated to cost Rs. 360 lakhs and designed to benefit 27,000 acres of paddy crops.

Bombay Port Trust

1782. **Shri Pangarkar:** Will the Minister of **Transport and Communications** be pleased to state:

(a) the number of appointments made in the Bombay Port by the Trust both in the permanent and temporary services for the last two years; and

(b) whether all the seats reserved for Scheduled Castes and Scheduled Tribes have been filled up?

The Minister of Transport and Communications (Dr. P. Subbarayan): (a) and (b). The information is being collected and will be laid on the Table of the Sabha.

Quarters for P. & T. Staff Secunderabad

1783. **Shri Pangarkar:** Will the Minister of **Transport and Communications** be pleased to state:

(a) the number of Posts and Telegraphs employees who have been provided Government quarters in Secunderabad Postal Division so far; and

(b) when the remaining employees will be provided Government quarters?

The Minister of Transport and Communications (Dr. P. Subbarayan): (a) 22.

(b) Government is not committed to providing quarters to all the staff. A percentage of staff gets the quarters depending on availability. 36 quarters are due to be constructed and they will be allotted as and when they become available.

हिमाचल प्रदेश में सहकार प्रशिक्षण

१७८४. **श्री पद्म देव :** क्या सामुदायिक विकास तथा सहकार मंत्री यह बताने की कृपा करेंगे कि १९५९-६० में हिमाचल प्रदेश में कितने व्यक्तियों को सहकारिता के सम्बन्ध में प्रशिक्षण दिया गया ?

सामुदायिक विकास तथा सहकार मंत्री (श्री सु० सु० डे): १९५९-६० के

दौरान में हिमाचल प्रदेश में सहकारिता सम्बन्धी प्रशिक्षण निम्नलिखित को दिया गया:—

(१) जूनियर सहकारी कर्मचारी (सहकारी संस्थाओं और विभागों आदि के कर्मचारी)	५६
(२) गैर-सरकारी व्यक्ति (अप्रैल '५६ से फरवरी ६० तक) (सहकारी समितियों आदि के वर्तमान और भावी सदस्य)	११६३

हिमाचल प्रदेश में पंचायत सम्मेलन

१७८५. **श्री पद्म देव** : क्या सामुदायिक विकास तथा सहकार मंत्री यह बताने की कृपा करेंगे कि पंचायत सदस्यों को प्रशिक्षण देने के हेतु हिमाचल प्रदेश प्रशासन जिन पंचायत सम्मेलनों का आयोजन करता है उनमें भेजे जाने वाले प्रतिविधियों का चुनाव किस प्रकार किया जाता है ?

सामुदायिक विकास तथा सहकार उपमंत्री (श्री ब० सू० मूर्ति) : इस विषय में कोई निर्धारित पद्धति नहीं है । जब कभी भी सम्मेलन किए जाते हैं, पंचायतों से अपने प्रतिनिधि भेजने के लिए कह दिया जाता है ।

Poultry Farming in Delhi

1788. { **Shri Radha Raman**
Shri A. M. Tariq:

Will the Minister of **Food and Agriculture** be pleased to state:

(a) whether there is any proposal to establish a Government Institution in Delhi State where facilities will be available for training of village poultry workers, research and assistance to the local poultry breeders to increase their production and improve the quality of poultry; and

(b) if so, the details regarding the site, capital involved and the agency to be employed to run this institution?

The Deputy Minister of Agriculture (Shri M. V. Krishnappa): (a) No, Sir.

(b) Does not arise.

Women Porters on Railways

1787. **Shri N. R. Muniswamy:** Will the Minister of **Railways** be pleased to state:

(a) how many women porters are there on Indian Railways and how they are paid;

(b) whether any uniform is given to them and if so of what colour and the nature of the badge;

(c) what are the working hours and whether they are asked to report on duty during night time; and

(d) whether any complaint has come to the notice of the authorities regarding the non-payment or ill treatment of the women porters either by passengers or railway personnel?

The Deputy Minister of Railways (Shri Shahnawaz Khan): (a) 499 women have been licensed at railway stations for carrying passengers' luggage and other belongings to and from Railway carriages and the passengers are required to pay them the prescribed charges.

(b) No uniforms have been prescribed for women porters. They are, however, required to wear metal badges which generally contain the number of the licensed porter and the name of the station.

(c) There are no specific hours but porters are required to be present for the trains. Like other porters, women porters where employed, are also required to be present at train timings either during day or night.

(d) No.

Class IV Employees in D.S. Office, Ferozepur

1788. { **Shri Daljit Singh:** / **Shri D. C. Sharma:**

Will the Minister of **Railways** be pleased to state:

(a) the number of Class IV employees appointed in D.S. Office of Ferozepur Division of Northern Railway during 1959-60; and

(b) the number of them belonging to Scheduled Castes?

The Deputy Minister of Railways (Shri Shahnawaz Khan): (a) 212.

(b) 60.

Electrification Schemes in Himachal Pradesh

1789. { **Shri Padam Dev:** / **Shri Hem Raj:**

Will the Minister of **Irrigation and Power** be pleased to state:

(a) the progress made so far in electrification schemes at Sirmur and Tissa in the Chamba district of Himachal Pradesh; and

(b) when the electricity would be available there?

The Deputy Minister of Irrigation and Power (Shri Hathi): (a) There are two schemes of Electrification in Sirmur District, i.e. (i) Electrification of Nahan-Paonta Valley, on which all main work has been completed and (ii) Electrification of Paonta Menus and rural areas of Renuka Tehsil. It is estimated that the distribution line will be extended to the farthest village—Shillai, by June, 1960, when the main work of the scheme would also be completed. Work on the branch lines is being taken side by side and most of the villages included in the scheme are likely to be covered by the end of March, 1961.

The scheme for 'Electrification of Tissa and surrounding areas' has been technically cleared by the Planning Commission. The estimate has been framed and is being examined by Himachal Pradesh Administration for administrative approval and financial sanction. Work will be taken in hand as soon as the estimate is sanctioned. Major portion of the work is expected to be completed by the end of March, 1961.

(b) Power from Bhakra Nangal was supplied in the areas of Nahan during 1956, Paonta in 1958, Nihalgarh, Kolar, Majra etc. all in Sirmur District in 1959. In the 'Electrification of Paonta-Menus Scheme' Sataun, Kamrahu and Dadahu (Tehsil Headquarters of Renuka) have already been at electrified. Shillai—the farthest village, would be electrified by June, 1960. Tissa, headquarters of Churah Tehsil, is likely to be electrified by July 1960, and Bhandal by October, 1960.

Kherkhar Canal Scheme in Himachal Pradesh

1790. { **Shri Padam Dev:** / **Shri Hem Raj:**

Will the Minister of **Food and Agriculture** be pleased to state:

(a) whether the Kherkhar Canal at Kumar Sen in the district Mahasu of Himachal Pradesh has started working;

(b) the loss incurred by people due to the stoppage of this canal owing to a dispute; and

(c) whether the people have represented for damages?

The Deputy Minister of Agriculture (Shri M. V. Krishnappa): (a) The canal has been working all along.

(b) Does not arise, as there has been no stoppage in the supply of water.

(c) No, Sir.

Procurement of Paddy in Tripura

1791. **Shri Dasaratha Deb:** Will the Minister of **Food and Agriculture** be pleased to state:

(a) whether Government procure paddy in Tripura from such category

of Indian tenants who own hereditary jiretia land, but do not possess any document to show that they own the land from pre-partition days; and

(b) if so, whether such procurement is causing resentment among the *bona fide* Indian citizens?

The Deputy Minister of Food and Agriculture (Shri A. M. Thomas): (a) No, Sir. It is entirely at the option of Indian nationals to sell their surplus stocks at the Government's procurement price.

(b) Does not arise.

Air Services in Tripura

1792. Shri Dasaratha Deb: Will the Minister of **Transport and Communications** be pleased to state:

(a) whether cutting down of a part of the air services to Khowai, Kamalpur and Kailashar in Tripura has been resented by the local people;

(b) whether this has dislocated and delayed delivery of mail and goods; and

(c) if so, when the full service will be restored?

The Deputy Minister of Civil Aviation (Shri Mohiuddin): (a) to (c). When the frequency of the Khowai, Kamalpur and Kailashar service was reduced from daily to twice weekly with effect from 1st December, 1959 representations were received by the Indian Airlines Corporation from the local commercial interests, who were advised that as the financial results of the service had been very poor the Corporation was compelled to reduce the frequency of the service.

There is no proposal to restore the service to a daily frequency in the near future.

Consequent on the reduction in the frequency of the air services mails for Khowai, Kamalpur and Kailashar are carried from Agartala by bus or by bus-cum-runner service, and therefore, relatively suffer delay. As regards goods, the Corporation, in addition to the twice weekly service, operate charters on demand for bulk consignments.

Chatham Saw Mills

1793. { Shri Raghunath Singh: Sardar A. S. Saigal:

Will the Minister of **Food and Agriculture** be pleased to state:

(a) the number of days and hours in the months of October, November and December, 1959 and January, 1960 when the Government Saw-mills at Chatham, Andamans, were stopped for want of logs;

(b) if so, the reasons as to why logs were not kept in stock at Port Blair Depot as usual; and

(c) the extent of loss thus caused to Government?

The Minister for Agriculture (Dr. P. S. Deshmukh): (a) and (b). The Government Saw-mills at Chatham, Andamans remained stopped on the following days for various reasons as given in a statement laid on the Table. [*See* Appendix III, annexure No. 47].

Railway Equipment Committee

1794. Shri Ajit Singh Sarhadi: Will the Minister of **Railways** be pleased to state:

(a) the main recommendations of the Railway Equipment Committee and Government's decisions thereon;

(b) the measures taken to implement them; and

(c) how long it would take to implement these recommendations

The Deputy Minister of Railways (Shri Shahnawaz Khan): (a) and (b). A statement is laid on the Table showing the recommendations of the Railway Equipment Committee and the action taken on each of them. [*See* Appendix III, annexure No. 48].

(c) Action on all the recommendations has already been finalised.

Mental Diseases

1795. Shri Kodiyan: Will the Minister of **Health** be pleased to state:

(a) the steps taken by Government to improve medical facilities for treatment of mental diseases in the country during the Second Five Year Plan period; and

(b) the total expenditure so far incurred by the Centre in this respect?

The Minister of Health (Shri Karmarkar): (a) The provision of medical relief, including facilities for treatment of mental patients is the responsibility of the State Governments. The Government of India, however, have taken steps towards the improvement of such facilities. For this purpose the following steps have been taken:

1. Hospital for Mental Diseases, Ranchi was taken over on 1st June, 1954 under the direct control and management of the Central Government. An expenditure of Rs. 18,22,600 was incurred during the First Five Year Plan period for its maintenance and development. During the 2nd Five Year Plan period a sum of Rs. 1,37,188 has so far been incurred on the development of the hospital, besides an expenditure of Rs. 42,74,969 incurred on its maintenance.

The bed strength has been increased from 420 to 453. An Out-Patient Department has also been established in this hospital.

Name of the Course	1955 course	1956 course	1957 course	1958 course	1959 course	Total
D.P.M. (Diploma in Psychological Medicine)	8	12	11	9	6	46
D.M.P. (Diploma in Medical Psychology	6	10	8	8	7	39
Diploma in Psychiatric Nursing	..	15	18	24	20	77

The expenditure incurred by the Government of India for the Institute so far during the Second Plan period is Rs. 11,71,492.

4. It is proposed to set up a Mental Hospital at Shahdara.

(b) Rs. 59,96,239.

2. The Government of India have also taken up, during the Second Five Year Plan, a scheme for the establishment of Child Guidance Clinics and Psychiatric Departments in the Out-Patient Department of the Teaching Hospitals. This is intended for the treatment of behaviour, personality, habit disorders of children and psychosomatic disturbances, juvenile psychoneurosis and psychoses by the application of mass treatment method jointly with the co-operation and assistance of the State Governments in whose jurisdiction the clinics are located. The Government of India have so far sanctioned the establishment of eight units to the following States and a sum of Rs. 4,12,590 has so far been paid to them.

Andhra Pradesh—1
Madras—2
Bombay—1
Madhya Pradesh—1
Uttar Pradesh—1
Punjab—1
Bihar—1.

3. For the improvement of medical facilities for treament of mental diseases in the country a scheme for developing post-graduate training and research in mental health was introduced during the First Five Year Plan by the establishment of an All India Institute of Mental Health in association with the Mental hospital, Bangalore. The number of students admitted so far in the various courses being conducted by the Institute is given below:—

मंत्रालयों के हिन्दी में तार के पते

१७२६. **श्री बाजपेयी :** क्या परिवहन तथा संचार मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि केन्द्रीय सरकार के विभिन्न मंत्रालयों और विभागों को यह निदेश दिये गये हैं कि वे हिन्दी में अपने तार के पते डाक तथा तार विभाग में रजिस्टर करायें;

(ख) यदि हां, तो कितने मंत्रालयों ने अपने तार के पते हिन्दी में रजिस्टर कराये हैं;

(ग) कितने मंत्रालयों ने अपने पते अंग्रेजी में रजिस्टर कराये हैं; और

(घ) कितने मंत्रालयों ने अपने पते अंग्रेजी और हिन्दी दोनों भाषाओं में रजिस्टर करवाये हैं ?

परिवहन तथा संचार मंत्री (डा० पी० सुब्बरायन): (क) जी नहीं। फिर भी उक्त सुविधा प्रारम्भ करने व उपलब्ध कराने की सूचना डाक-तार विभाग द्वारा दी गई थी।

(ख) प्रश्न ही नहीं उठता।

(ग) १८।

(घ) ३।

Railway Officials, Grades I and II

1797. { Shri B. Das Gupta: Shri Aurobindo Ghosal:

Will the Minister of **Railways** be pleased to state:

(a) whether there are officers in the Indian Railways confirmed or unconfirmed, in Grades I and II who have no university qualifications or any degree or diploma from any recognised institution;

(b) if so, what is their number in Eastern and South Eastern Railway respectively; and

(c) how many of them have been promoted in regular course, directly recruited or appointed through the Railway Public Service Commission?

The Deputy Minister of Railways (Shri Shahnawaz Khan): (a) Presumably, the reference is to Class I & II officers, in which case the reply is in the affirmative.

(b)

	Class I	Class II
(i) Eastern Rly.	9	88
(ii) South Eastern Railway	9	32
	18	120

(c) The figures given in reply to part (b) represent those officers who were promoted to Class I & II from lower ranks. As regards direct recruitment to Classes I and II, candidates are required to be either Graduates or to possess suitable technical qualifications. Such direct recruitment is made through the Union Public Service Commission and not through Railway Service Commission.

Travelling Ticket Examiners

1798. { Shri B. Das Gupta: Shri Aurobindo Ghosal:

Will the Minister of **Railways** be pleased to state:

(a) whether the Travelling Ticket Examiners are included in the category of Running Staff; and

(b) if not, the reasons therefor?

The Deputy Minister for Railways (Shri Shahnawaz Khan): (a) No.

(b) They are not directly in charge of and responsible for moving trains.

Hyderabad-Calcutta Air Service

1799. Shri Madhusudan Rao: Will the Minister of **Transport and Communications** be pleased to state:

(a) whether there is a proposal for reviving the Hyderabad-Calcutta air service; and

(b) if not, the reasons therefor?

The Deputy Minister of Civil Aviation (Shri Mohiuddin): (a) and (b). The Indian Airlines Corporation have no proposal to revive the Hyderabad-Visakhapatnam - Bhubaneshwar - Calcutta service at present as the financial results of operations on this route in the past have been very poor.

Recruitment on Railways

1800. Shri Onkar Lal: Will the Minister of **Railways** be pleased to state:

(a) the number of persons directly recruited on each Railway in Intermediate Grades as being sportsmen from the year 1955 onwards; and

(b) the number of sportsmen who were in service and have been given promotions being sportsmen during the same period, year-wise?

The Deputy Minister of Railways (Shri Shahnawaz Khan): (a)

Railway	*Number*
Central	5
Eastern	5
Northern	12
North-Eastern	5
Northeast Frontier	1
Western	18

(b) One in 1956 and another in 1957.

Payment of Arrears to Widow of a Railway Employee

1801. Shri Subiman Ghose: Will the Minister of **Railways** be pleased to refer to the reply given to Unstarred Question No. 2594 on the 10th September, 1959 regarding payment of arrears to the widow of a parcel clerk and state whether the investigation has since been completed?

The Deputy Minister of Railways (Shri Shahnawaz Khan): The investigation is nearing completion.

Inspection Carriages at Bolpur

1802. Shri Subiman Ghose: Will the Minister of **Railways** be pleased to state:

(a) how many saloons and inspection carriages or others' carriages went to Bolpur (Santiniketan), Eastern Railway from 21st December, 1959 to 26th December, 1959 one each day;

(b) the cost incurred by Railways on each day;

(c) who were the officials carried in the saloons and inspection carriages or officers' carriages on each day; and

(d) the object of their visit?

The Deputy Minister of Railways (Shri Shahnawaz Khan): (a) (i) One Saloon No. 1034 of Governor of West Bengal arrived Bolpur on 23rd December, 1959 and left Bolpur on 24th December, 1959.

(ii) One four-wheeler Inspection Carriage No. 1930 arrived Bolpur on 22nd December, 1959 and left on 24th December, 1959.

(iii) One four-wheeler Inspection Carriage No. 2839 arrived Bolpur on 23rd December, 1959 and left on 24th December, 1959.

(b) The cost of haulage of a Saloon/Inspection Carriage is not recorded separately and it is, therefore, not possible to work out the total cost incurred on journeys by Saloons/Inspection Carriages.

(c) (i) Saloon No. 1034 — Governor of West Bengal.
(ii) Four-wheeler Inspection-Carriage No. 1930. — Superintendent, Railway Police, Howrah
(iii) Four-wheeler Inspection Carriage No. 2839 — Four officers of the Operating and Commercial Departments of the Eastern Railway.

(d) Railway Officers had to be present at Bolpur station in connection with the running of special trains and making other arrangements for the convenience of the travelling public on the occasion of the convocation ceremony of Biswabharati University.

Conference of State Ministers of Co-operation

1803. Shri Ajit Singh Sarhadi: Will the Minister of **Community Development and Co-operation** be pleased to refer to the reply given to Unstarred Question No. 385 on the 23rd February, 1960 and state whether any steps are being taken by Government to implement the recommendations

made at the Conference of State Ministers of Co-operation held at Jaipur on the 31st January, 1960?

The Deputy Minister of Community Development and Co-operation (Shri B. S. Murthy): The recommendations have been brought to the notice of the appropriate authorities. In pursuance of one of the recommendations, seminars and conferences have been held in some States to explain new Co-operative policy and to understand the problems and difficulties that arise in the implementation. Action for implementation of other recommendations has also been initiated.

Howrah bound Trains

1804. Shri Subiman Ghose: Will the Minister of **Railways** be pleased to state:

(a) whether several Howrah bound trains (Eastern Railway) could not proceed on 23rd February, 1960 or nearabout that date on account of some missing electric wires between some stations on the main line;

(b) if so, the stations between which the electric wires were missing;

(c) at what time the first train was detained and at what time it moved on the line on that date;

(d) whether any enquiry has been held into the matter;

(e) if so, the nature of the findings thereof; and

(f) the steps Government have taken to prevent recurrence of such incidents in future?

The Deputy Minister of Railways (Shri Shahnawaz Khan): (a) Yes, Sir.

(b) Between Bandel and Adisaptagram stations.

(c) Detention of train services commenced at 02.15 hours on 23rd February, 1960 and it was at 03.43 hours that the trains started moving again by introduction of single line working.

(d) and (e). Yes, Sir. An enquiry into the incident has revealed that some miscreants cut the electric trolly wires at about 02.15 hours on 23rd February, 1960 near Adisaptagram station and took it away when it fell on the ground causing tripping of the circuit breakers.

(f) Railway Protection Force and Government Railway Police have been alerted. Staff have also been deputed to gather information in regard to such thefts in co-operation with police.

Community Development Movement

1805. Shri Shivananjappa: Will the Minister of **Community Development and Co-operation** be pleased to state:

(a) whether a study camp for M.Ps. and Legislators for discussion and study of the different aspects of the Community Development will be organised at Nandi Hills in Mysore State in June this year; and

(b) if so, how many persons are expected to participate in this camp?

The Deputy Minister of Community Development and Co-operation (Shri B. S. Murthy): (a) The Government of Mysore propose to organise the camp in June this year.

(b) About fifty.

हिमाचल प्रदेश प्रशासन द्वारा मोटर गाड़ियों की खरीद

१८०६. **श्री पद्म देव** : क्या परिवहन तथा संचार मंत्री यह बताने की कृपा करेंगे कि:

(क) १९५९-६० में हिमाचल प्रदेश प्रशासन ने निर्धारित राशि में से कितनी गाड़ियां खरीदीं; और

(ख) इस समय उन्हें कितनी गाड़ियों की आवश्यकता है ?

परिवहन तथा संचार मंत्री (डा० पी० सुब्बरायन) : (क) ५६ (२६ मार्च, १९६० तक)

(ख) १०४ (इनमें मौजूदा गाड़ियों की संख्या शामिल नहीं है)

Electricity from Machkund Project

1807. Shri Mohan Nayak: Will the Minister of **Irrigation and Power** be pleased to state:

(a) whether the work of laying K.V. lines from Machkund to Barahampur (Ganjam) in Orissa is progressing satisfactorily; and

(b) if so, by what time the town of Barahampur in Orissa will be able to get its electric supply from Machkund Project?

The Deputy Minister of Irrigation and Power (Shri Hathi): (a) and (b) Erection of 132 KV line from Machkund to Rayagada has already been completed. The progress of the extension of the line upto Barahampur, however, has been retarded for want of some equipment to be imported from abroad. Definite proposals for the release of foreign exchange for the import of the equipment are awaited from the State Government. The line, it is estimated, will be extended upto Berahampur within about two years after the release of foreign exchange for the purpose.

Major River Valley Projects

1808. Shri Rami Reddy: Will the Minister of **Irrigation and Power** be pleased to state:

(a) whether any economy in expenditure has been effected in the execution of the Major River Valley Projects in the country;

(b) if so, which are the Projects where it has been effected; and

(c) the extent of economy effected in these Projects?

The Deputy Minister of Irrigation and Power (Shri Hathi): (a) The reply is in the affirmative.

(b) Economy has been effected mainly at Nagarjunasagar, Bhakra-Nangal and Hirakud Projects.

(c) A statement showing instances of economy effected at these projects is laid on the Table. [*See* Appendix III, annexure No. 49.]

Fodder Market at Motia Khan, Delhi

1809. Shri Ram Garib: Will the Minister of **Health** be pleased to state:

(a) whether Government proposed to acquire to fodder market at Motia Khan locality, Delhi;

(b) if so, for what purpose the locality so vacated will be utilized;

(c) whether Delhi Municipal Corporation propose to allot alternate site to the shopkeepers; and

(d) if so, where?

The Minister of Health (Shri Karmarkar): (a) The area in question is Nazul land and the question of acquiring it does not arise.

(b) to (d). Do not arise.

Departmental Examination for Inspectors in P. & T.

1810. Shri Ram Garib: Will the Minister of **Transport and Communications** be pleased to state:

(a) whether the result of the departmental examination for posts of Inspectors held in September, 1959 has been declared;

(b) whether it is also a fact that former Minister of Transport and Communications had assured the Posts and Telegraphs Employees that the result would not be delayed for more than three months;

(c) if the results have not been declared, the reason for the delay;

(d) whether it is a fact that the age limit of the candidates for appearing in the examination to be held in August, 1960 has been relaxed; and

(e) if so, the reasons therefor?

The Minister of Transport and Communications (Dr. P. Subbarayan): (a) Yes.

(b) Yes.

(c) Does not arise in view of reply to part (a) above.

(d) Yes.

(e) The Inspectors' examination was not held in 1953, 1954 and also in 1956 in some Circles and this affected some candidates in age and number of chances as they crossed the prescribed upper age limit of 35 years.

Migration of Population from Villages to Urban Areas

1811. Shri Achar: Will the Minister of **Food and Agriculture** be pleased to state:

(a) whether it is a fact that the rate of exodus of population from the villages into towns in our country is increasing at a very high rate;

(b) whether it is also a fact that there is not even sufficient labour available for agricultural operations on account of this movement of population;

(c) whether Government have appointed any Committee to go into this problem; and

(d) if so, the terms of reference for the study of the problem by the said Committee?

The Deputy Minister of Agriculture (Shri M. V. Krishnappa): (a) No official statistics are available to indicate the extent of migration from rural to urban areas at present. According to the 1951 population census, 82·27 per cent of the total population was in the rural areas and 17.3 per cent in the urban. The rural urban population according to the 1961 census which will be worked out only after the census, is likely to throw some light on the rate of exodus of population from villages into towns.

(b) It is not true that there is insufficiency of labour for agricultural operations. On the basis of data in the Agricultural Labour Enquiry it is estimated in the Second Five Year Plan, that 2·5 million agricultural workers may be totally unemployed in the rural areas. On the basis of a number of different estimates based on different assumptions, the Second Five Year Plan has mentioned that "under existing conditions, with present techniques of agriculture being continued, if cultivating units were to approach what might be described as family holdings affording possibility of fairly full-time work in agriculture for a family of average size, agricultural production could be maintained with about 65 to 75 per cent of the number of workers now engaged in it. In other words, on certain assumptions, one-fourth to one-third of the existing labour force in agriculture may be surplus to its requirements". The All-India Agricultural Labour Enquiry, 1950-51 had also revealed that "while peak periods in agriculture (such as harvesting) offer maximum employment to agricultural labourers, for the rest of the year they have to be continuously in search of other avenues of employment, wage-paid or otherwise, which being extremely limited, force them to remain either totally unemployed or underemployed". It is, of course, conceivable that some local shortages of agricultural labour might be appearing at certain periods of the year in some isolated pockets of the country, but taking India as a whole, the problem at the moment is not one of shortage of agricultural labour but of its unemployment and underemployment.

(c) and (d). No committee has been appointed by the Government of India to go into this problem.

Indigenous System of Medicine

1812. Shri P. C. Borooah: Will the Minister of **Health** be pleased to state:

(a) whether there are proposals to set up some national organisations for the improvement of Ayurvedic, Unani and Homoeopathic systems of medicine; and

(b) if so, the details thereof?

The Minister of Health (Shri Karmarkar): (a) and (b). In so far as the Ayurvedic System of Medicine is concerned, Government have constituted a Central Council of Ayurvedic Research. This Council has taken upon itself the task of bringing about uniformity in the method of teaching and practice of the system and other allied subjects with a view to co-ordinate and improve the standard of Ayurveda.

With regard to Unani and Homoeopathy systems of medicine, separate Advisory Committees for these systems of medicine, have been functioning to advise the Government.

Air-dropping of Food in Miso Hills

1813. **Shri L. Achaw Singh:** Will the Minister of **Food and Agriculture** be pleased to state:

(a)whether it is a fact that during air dropping of food operations in the Mizo Hills district of Assam, about 60 maunds of rice were dropped by mistake in some village in the Manipur area very recently;

(b) if so, whether the village could be located and the rice recovered; and

(c) if not, who will pay the cost?

The Deputy Minister of Food and Agriculture (Shri A. M. Thomas): (a) and (b). During air dropping operations in the Mizo Hills district of Assam, about 50 bags each containing 20 seers of rice fell in Songdo village situated in Manipur. The rice could not be recovered.

(c) The cost of the rice will have to be borne by the Government.

बड़नगर में डाकघर की इमारत

१८१४. **श्री राजेलाल व्यास**: क्या परिवहन तथा संचार मंत्री यह बताने की कृपा करेंगे कि:

(क) बड़नगर (मध्य प्रदेश) में डाकघर की इमारत के निर्माण की स्वीकृति कब दी गई थी;

(ख) इस डाकघर के निर्माण पर अनुमानतः कितना धन खर्च होगा; और

(ग) निर्माण कार्य आरम्भ करने में विलम्ब के क्या कारण हैं?

परिवहन तथा संचार मंत्री (डा० पी० सुब्बरायन): (क) अभी स्वीकृति नहीं दी गई है।

(ख) ५०,००० रुपये।

(ग) निर्माण-कार्य तभी प्रारम्भ किया जायेगा जबकि प्राथमिक नक्शों की रूपरेखा, केन्द्रीय सार्वजनिक निर्माण विभाग के प्राक्कलनों की तैयारी, प्रशासनिक अनुमति एवं खर्च की मंजूरी, केन्द्रीय सार्वजनिक निर्माण विभाग द्वारा टेंडर मांगने और उनकी स्वीकृति आदि सभी औपचारिकताएं पूरी हो जाएंगी।

Tourist Information Centres

1815. **Shri Madhusudan Rao:** Will the Minister of **Transport and Communications** be pleased to state:

(a) whether there is a proposal to open tourist information centres at Visakhapatnam. Tirupathi and Warangal in Andhra Pradesh;

(b) if so, when they are likely to be opened; and

(c) if the reply to art (a) above be in the negative the reasons therefor?

The Minister of Transport and Communications (Dr. P. Subbarayan): (a) Government of India do not have any proposal to open tourist information centres at Visakhapatnam. Tirupathi and Warangal in Andhra Pradesh. But the Government of Andhra Pradesh propose to open tourist bureaus at these places during the financial year 1960-61 for which the

Government of India have agreed to give to the State Government a subsidy restricted to 50 per cent. of the actual cost subject to a maximum of Rs. 5,000 for each of three bureaus.

(b) It is understood from the State Government that these bureaus are likely to be opened by the end of April, 1960

(c) Does not arise.

Special Facilities for Foreign Tourists

1816. Shri Madhusudan Rao: Will the Minister of **Transport and Communications** be pleased to state:

(a) why none of the Andhra Pradesh towns like Hyderabad, Visakhapatanam are classified as cities where the special facility is extended to the foreign tourists for purchasing cine films, cigarettes, alcoholic drinks; and

(b) whether it is possible to include them now?

The Minister fo State in the Ministry of Transport and Communications (Shri Raj Bahadur): (a) and (b). The 'Tourist Coupon Scheme' has been started on an experimental basis in 16 cities which are visited by foreign tourists in large numbers, *viz.*, Delhi, Bombay Calcutta, Madras, Jaipur, Darjeeling Bhopal, Puri, Bhubaneswar, Agra, Banaras, Bangalore, Mysore, Aurangabad, Cochin and Srinagar, in the first instance. In the light of experience gained and the response received from tourists the scheme may be extended to other towns like Hyderabad and Visakhapatnam, which are visited by comparatively less number of tourists. Since it has been initiated only in February, 1960, it is too early to decide whether it should be extended to other tourist centres.

Air Strip at Pangms

1817. Shri Hem Raj: Will the Minister of **Transport and Communications** be pleased to state:

(a) whether it is proposed to build an air strip at Pangms in Spiti valley in the Kulu sub-division; and

(b) if so, whether the Punjab Government have asked for any aid or loan for the same?

The Deputy Minister of Civil Aviation (Shri Mohiuddin): (a) No such proposal is under the consideration of the Civil Aviation department, but the Punjab Government are exploring the possibility of constructing an air-strip at the place.

(b) No such request has been received.

Contributory Health Service Scheme in Delhi

1818. Dr. Samantsinhar: Will the Minister of **Health** be pleased to state:

(a) the total receipts and expenditure in 1959-60 of the contributory health service scheme in Delhi;

(b) how much is spent for medicines and house rents separately;

(c) whether there is any proposal of extending them in 1960-61 to some other places; and

(d) if so, the names of the places?

The Minister of Health (Shri Karmarkar): (a) The total estimated receipts and expenditure during 1959-60 are Rs. 32,80,000 and Rs. 67,78,300 respectively.

(b) An expenditure of Rs. 40,00,400 is anticipated to be incurred on medicines. As regards rent, except for C.H.S. dispensary at Delhi Cantt., the entire expenditure is borne by the Ministry of W.H.S. The expenditure on rent for the premises of CH.S. Dispensary, Delhi Cantt., which belongs to the Ministry of Defence, is estimated to be Rs. 2,065.

(c) and (d). No.

Directorate-General of Tourism

1819. Shri Ramanathan Chettiar: Will the Minister of **Transport and Communications** be pleased to state the amount of money spent on the

Directorate General of Tourism annually and the foreign exchange earned annually from foreign tourists touring this country since the inception of the Directorate?

The Minister of Transport and Communications (Dr. P. Subbarayan): Though the Department of Tourism was created with effect from 1st March 1958, separate budget provision was made only from the financial year 1959-60. The figures of expenditure for 1959-60 are given below:—

	1959-60 (Rs. in Lakhs)
1. Indian Tourist Offices	5·42
2. Overseas Tourist Offices	13·00
3. Headquarters Establishment	5·98
4. Tourist Publicity	35·50
5. Central assistance to States on Tourist Plan	25·16
6. Capital Civil Works	6·20
	91·26

The foreign exchange earnings as estimated by the Reserve Bank of India for calendar years 1956, 1957 1958 were Rs. 15.5 crores, Rs. 16.00 crores and Rs. 17.5 crores respectively. Information in respect of 1959 has not yet been made available of 1959 has Reserve Bank. The increase in the number of tourist arrivals in the calendar year 1959 over the number during 1958 is 18.7 per cent.

Bangaigaon-Garo Hills Link

1820. Shri Basumatari: Will the Minister of **Railways** be pleased to state:

(a) whether any deputation met him while he visited Assam and submitted an application to include a scheme for construction of the Railway line from Bangaigaon to Garo Hills in the Third Five Year Plan; and

(b) if so, the action taken so far?

The Deputy Minister of Railways (Shri S. V. Ramaswamy): (a) and (b). No deputation as such met him A few persons, however, requested him to sanction construction of some new railway lines in Assam—one of them being this line. They were told that there was very slender chance of this line being considered for inclusion in the third five year plan in view of limited resources.

Rural University in Andhra Pradesh

1821. Shri M. V. Krishna Rao: Will the Minister of **Food and Agriculture** be pleased to state:

(a) whether the scheme of the Government of Andhra Pradesh regarding the establishment of a rural university at Rajendra Nagar has been accepted by the Central Government;

(b) if so, the details of the scheme and the course of studies in the University; and

(c) the financial assistance given by the Central Government?

The Minister of Agriculture (Dr. P. S. Deshmukh): (a) to (c). A statement giving the required information is laid on the Table. [*See* Appendix III, annexure No. 50].

River Port at Pandu

1822. Shri P. C. Borooah: Will the Minister of **Transport and Communications** be pleased to state:

(a) the progress made so far in the construction work of the river port at Pandu near Gauhati; and

(b) the details thereof?

The Minister of Transport and Communications (Dr. P. Subbarayan): (a) and (b). The construction of Pandu Port has been entrusted to the Government of Assam on agency basis. The land has been taken over from the Railways and cleared. Piling work has been started and 2000 timber piles have been driven. Orders for the supply and fabrication of steel material have been placed while tenders have been called for Civil Engineering work. An expenditure of Rs. 1 lakh has been incurred on the construction work so far.

Soviet Gift of Agricultural Machines

1823. Shri P. C. Borooah: Will the Minister of **Food and Agriculture** be pleased to state:

(a) whether it is a fact that the Soviet Government have given as gift all the agricultural machines including their pavilion in the World Agriculture Fair to India; and

(b) if so, the details of the above?

The Minister of Agriculture (Dr. P. S. Deshmukh): (a) and (b). Out of the exhibits displayed at the Soviet pavilion in the World Agriculture Fair, the Government of U.S.S.R. have given as gift nine agricultural machines and one cross country car, as per details in the statement laid on the Table, and the same have been accepted by the Government of India. [*See* Appendix III, annexure No. 51]. They have also offered as gift to the Government of India their buildings at the premises of the World Agriculture Fair consisting of a Pavilion, an open-air theatre, an open-air restaurant and sheds for animals and poultry.

Indian Agriculture Research Institute

1824. Shri Tangamani: Will the Minister of **Food and Agriculture** be pleased to refer to the reply given to Unstarred Question No. 244 on the 18th February, 1960 and state which of the Class III posts have been classified as 'Ministerial' and Non-Ministerial' separately?

The Deputy Minister of Agriculture (Shri M. V. Krishnappa): The following categories of Class III posts referred to in reply to Unstarred Question No. 244 on 18th February, 1960 have been classified as 'Ministerial' and the rest as 'Non-Ministerial':—

1. Superintendent.
2. Superintendent (Soil Survey Scheme).
3. Head Assistant.
4. Senior Accountant.
5. Accountant.
6. P.A.-Cum-Stenographer.
7. Head Clerk.
8. Head Assistant.
9. Storekeeper.
10. Stenographer.
11. Cashier (U.D.C.).
12. Assistant (U.D.C.).
13. Office Assistant
14. Head Clerk.
15. Senior Clerk.
16. Upper Division Clerk.
17. Library Assistant.
18. Accounts Assistant.
19. Accountant.
20. Assistant Storekeeper.
21. Clerk.
22. Typist.
23. Typist Clerk.
24. Clerk-Cum-Typist.
25. Junior Clerk.
26. Storekeeper.
27. Clerk-Storekeeper.
28. Asstt. Storekeeper.
29. Accounts Clerk-Cum-Typist.
30. Accounts Clerk.
31. Store Clerk.
32. Stenotypist.
33. Steno-cum-Clerk.
34. Assistant Cashier.
35. Cashier.

Class IV Posts in the I.A.R.I.

1825. Shri Tangamani: Will the Minister of **Food and Agriculture** be pleased to refer to the reply given to Unstarred Question No. 653 on the 12th August, 1959 regarding Class IV posts in the Indian Agricultural Research Institute and state the number of persons actually confirmed against the permanent post in each category?

The Deputy Minister of Agriculture (Shri M. V. Krishnappa): A statement is laid on the Table. [*See* Appendix III, annexure No. 52].

Employees of the Indian Agricultural Research Institute

1826. Shri Tangamani: Will the Minister of **Food and Agriculture** be pleased to state:

(a) whether all the categories of class III and class IV staff of the Indian Agricultural Research Institute, New Delhi, are entitled to get uniforms; and

(b) if not, the categories of staff who are entitled to get these?

The Deputy Minister of Agriculture (Shri M. V. Krishnappa): (a) No.

(b) (i) The following categories of Class IV staff are entitled to uniforms:

1. Peon Jamadars.
2. Peons.
3. Daftaries.
4. Sorters.
5. Laboratory Keepers.
6. Laboratory attendants.
7. Farashes.
8. Watchmen and Military Watchmen.
9. Chowkidars.

(ii) The following categories of Class IV staff working in the Laboratories, Workshops and Hostel etc., at the Institute are also entitled to get a pair overalls annually:

1. Dairy Gowalas.
2. Engine and Jeep Drivers.
3. Firemen.
4. Blacksmith.
5. Tubewell Mate.
6. Carpenter.
7. Cleaner.
8. Junior Mechanic.
9. Asstt. Engine Driver.
10. Distiller.
11. Gas-Man.
12. Gas-Mate.
13. Machine Helper.
14. Electric Mate.
15. Fitter Mate.
16. Carpenter Mate.
17. Field Assistants.
18. Workshop Mate.

Doubling of Rajamundry-Waltair Line

1827. Shri Madhusudan Rao: Will the Minister of **Railways** be pleased to state the progress made in the doubling of railway track between Rajamundry and Waltair on the Southern Railway?

The Deputy Minister of Railways (Shri S. V. Ramaswamy): Only 31.25 miles length viz., Rajamundry-Dwarapudi-Samalkot of Rajamundry-Waltair section has been programmed to be doubled during the Second Plan period. The overall progress of the work between Rajamundry and Dwarapudi 12.5 miles is 83 per cent and the work on the remaining bit between Dwarapudi and Samalkot has just been taken in hand.

Indian Agricultural Research Institute

1828. Shri P. C. Borooah: Will the Minister of **Food and Agriculture** be pleased to state:

(a) the total cost of the supply of unfiltered water for irrigation purposes to the Indian Agricultural Research Institute, New Delhi, during the last three years; and

(b) the total area irrigated during the same period?

The Deputy Minister of Agriculture (Shri M. V. Krishnappa): (a) Cost of supply of unfiltered water to the Indian Agricultural Research Institute.

	Rupees
1957 . .	82,330·54
1958 . .	74,397·98
1959 . .	77,816·72

(*b*) *Area irrigated*

(Acres)

	Kharif	Rabi	Total
1957-58 .	132·10	293·65	425·75
1958-59 .	136·00	302·68	438·68
1959-60	200·93	324·92	525·85

Inland Water Transport Authority

1829. Shri P. C. Borooah: Will the Minister of **Transport and Communications** be pleased to state:

(a) whether there is any proposal to set up an Inland Water Transport Authority in the North East region of India; and

(b) if not, the alternative contemplated?

The Minister of Transport and Communications (Dr. P. Subbarayan): (a) and (b). In view of the existence of the Ganga Brahmaputra Water Transport Board, the need for setting up an Inland Water Transport Authority

in North-East region has not been felt.

American Tourists

1830. Shri D. C. Sharma: Will the Minister of **Transport and Communications** be pleased to state:

(a) the number of American tourists who visited India during 1959-60; and

(b) the total earnings from them during the above period?

The Minister of Transport and Communications (Dr. P. Subbarayan): (a) The statistics of tourist arrivals and earnings of foreign exchange are estimated for calendar years. The number of American tourists who visited India during the calendar year 1959 is 21,704.

Figures for January-March (1960) are not yet available.

(b) Not available. The figures of foreign exchange earned from tourism as assessed by the Reserve Bank of India are generally released by the middle of the following year.

Rural Water Supply Schemes for Punjab

1831. Shri Ram Krishan Gupta: Will the Minister of **Health** be pleased to state:

(a) whether Government have received Rs. 1.2 crore scheme for supply of drinking water from the Punjab Government for the villages of Bhiwani Tehsil (Punjab);

(b) if so, the details of the scheme; and

(c) whether it has been examined and approved?

The Minister of Health (Shri Karmarkar): (a) Yes, Sir.

(b) and (c). Six schemes as detailed below relating to Bhiwani Tehsil have been received from the Punjab Government:

	Est. cost (Rs. in lakhs)
1. Group of villages A-I	47·65
2. Group of villages A-II	13·91
3. Group of Villages A-III	12·21
4. Group of villages B-I	29·19
5. Group of Villages	25·93
6. Bhiwani Rohian	0·47
	129·36

The scheme at 2 above has been approved. Schemes at 4, 5 and 6 above have been held in abeyance by the State Government and the other two are under consideration.

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12 hrs.

RE: MOTION OF PRIVILEGE

Shri Hem Barua (Gauhati): Sir, may I make a submission? I had given notice of a privilege motion....

Mr. Speaker: I have disallowed it.

Shri Rajendra Singh (Chapra): Even if it is disallowed, may I make mention of the fact.. *(Interruptions)*.

Mr. Speaker: If there is a privilege motion I must find out whether *prima facie* there is a question of privilege and then only bring it before the House. He must give me some time to think about it.

Papers to be laid on the Table—Shri Morarji Desai.

Shri Vajpayee (Balrampur): What about the adjournment motions, Sir?

12.02 hrs.

RE: MOTIONS FOR ADJOURNMENT

Shri Mahanty (Dhenkanal): Sir, I have to make a submission.

Mr. Speaker: About what?

Shri Mahanty: About the adjournment motion.

Mr. Speaker: I have disallowed it. I am prepared to discuss it in my Chamber with the hon. Member. If he can satisfy me, I will bring it up tomorrow. He may see me at one o'clock. All hon. Members whose adjournment motions have been disallowed may come and see me one after the other. Let them satisfy me; and, if I am satisfied, I will bring them before the House tomorrow. (*Interruptions*). Let not hon. Members interrupt me.

Papers to be laid on the Table—Shri Morarji Desai.

12.03½ hrs.

PAPERS LAID ON THE TABLE

Appropriation Accounts, Finance Accounts and Audit Reports

The Minister of Finance (Shri Morarji Desai): Sir, I beg to lay on the Table a copy of each of the following papers:

(i) Appropriation Accounts (Posts and Telegraphs), 1958-59 and Audit Report, 1960 thereon, under Article 151(1) of the Constitution.

[*Placed in Library, see No.* LT-2064/60].

(ii) Finance Accounts of the Central Government, 1948-49 to 1954-55 (Parts I, II and III) and Audit Report, 1956 thereon, under Article 151(1) of the Constitution.

[*Placed in Library, see* No. LT-2065/60].

Merchant Shipping (Forms of Licences) Rules

The Minister of Transport and Communications (Dr. P. Subbarayan): Sir, I beg to lay on the Table, under sub-section (3) of Section 458 of the Merchant Shipping Act, 1958, a copy of the Merchant Shipping (Forms of Licences) Rules, 1960 published in Notification No. G.S.R. 280, dated the 5th March, 1960.

[*Placed in Library, see* No. LT-2067/60].

Annual Report of National Projects Construction Corporation Ltd.

The Deputy Minister of Irrigation and Power (Shri Hathi): Sir, I beg to lay on the Table a copy of each of the following papers:

(i) Annual Report of the National Projects Construction Corporation Limited for the year 1958-59 along with the Audited Accounts and the comments of the Comptroller and Auditor General thereon, under sub-section (1) of Section 639 of the Companies Act, 1956.

(ii) Review by the Government of the working of the above Corporation.

[*Placed in Library, see* No. LT-2067/60].

Mr. Speaker: Shri A. M. Thomas.

Shri Khushwaqt Rai (Kheri): Sir, I want to raise a point of order regarding item (3).

Mr. Speaker: What is the point of order?

Shri Khushwaqt Rai: The point of order is this. This Resolution No. 49-1:59-SV-387 has been published in the Gazette of India. . . .

Mr. Speaker: What is that?

Shri Khushwaqt Rai: Item (b) of (iii).

Shri Braj Raj Singh (Firozabad): He is referring to item 4, Sir.

Shri Khushwaqt Rai: Regarding item (iii) of 4, I have raised this point of order.

Mr. Speaker: What is the point of order? Is it that it ought not to be placed on the Table of the House?

Shri Khushwaqt Rai: Let me state my point of order, Sir. It is this. This Government Resolution was published in the Government of India Gazette dated the 4th April, 1960 and this Report of the Tariff Commission and the summary of the recommendations were sent out by the P.I.B. on the 4th. My point of order is: When it had been published before in the Government of India Gazette, can it be placed on the Table of the House so late?

Mr. Speaker: One was on the 4th of April and the other is on the 6th.

Shri Khushwaqt Rai: It was published in the Gazette on the 4th April. The same day the P.I.B. sent out a hand-out stating the recommendations of the Commission. Now, my point of order is when the whole thing has been published in the papers and it has come out, why are copies laid on the Table so late?

Mr. Speaker: I do not know if it is late. Between the 4th and the 6th there was the 5th intervening and it was a holiday—yesterday. The hon. Member raises a point of order about procedure. I do not know the exact procedure. Possibly, the Resolutions are first notified and then placed on the Table of the House. Is it correct?

The Deputy Minister of Food and Agriculture (Shri A. M. Thomas): That is the practice.

Mr. Speaker: As soon as a Resolution of the Government is passed, the Resolution is notified in the Official Gazette and immediately thereafter it is placed on the Table of the House. We will consider that.

Shri Khushwaqt Rai: It was published on the 4th April.

Mr. Speaker: Today it is the 6th. Yesterday was a holiday on account of Ram Navmi. *(Interruptions.)* I think it is the practice that Resolutions of Government are notified in the Official Gazette and then laid on the Table of the House soon after they are published. Yesterday was a holiday. But if it is the desire that Resolutions must be placed on the Table of the House before they are published in the Gazette, let us consider the matter leisurely. I am not able to decide offhand. But it seems it is the practice that is going on.

Shri A. M. Thomas: I may also state. . . .

Shri A. C. Guha (Barasat): In Acts themselves provision is generally made that rules and regulations are to be published in the Official Gazette and they should be laid on the Table of the House as early as possible. According to the wording of the Acts, the rules and regulations ought to be published first in Official Gazette and then laid on the Table of the House.

Shri Raghunath Singh (Varanasi): That was also circulated on the 4th April.

Shri Tyagi (Dehra Dun): I think there is nothing irregular in the procedure followed by Government. They can publish it in the Gazette and then place it before the House. But, generally, when the House is in session, the general courtesy to be observed is that they give to the House first chance.

Shri A. M. Thomas: In this particular matter, I gave notice on the 4th April itself. I sent the papers to the Lok Sabha Secretariat on the 4th April. There was some urgency also to publish this in the Gazette on the 4th April because the release of sugar had to be made and the ex-factory prices in South Bihar had also to be fixed before release. So, there was some urgency; there was absolutely no intention to flout the wishes of the House.

Mr. Speaker: The Minister has explained it.

NOTIFICATIONS ISSUED UNDER ESSENTIAL COMMODITIES ACT, AGRICULTURE PRODUCE (DEVELOPMENT AND WAREHOUSING) CORPORATIONS ACT AND REPORT OF TARIFF COMMISSION.

Shri A. M. Thomas: Sir, I beg to lay

on the Table:

(i) a copy of each of the following Notifications under sub-section (6) of Section 3 of the Essential Commodities Act, 1955:—

(a) G.S.R. 339 dated the 21st March, 1960.

(b) G.S.R. 363 dated the 24th March, 1960 containing the Southern Rice Zone (Restrictions on Rail Bookings) Order, 1960.

(ii) Notification No. G.S.R. 94 dated the 23rd January, 1960 making certain amendment to the Agricultural Produce (Development and warehousing) Corporations Rules, 1956, under sub-section (3) of Section 52 of the Agricultural Produce (Development and Warehousing) Corporations Act, 1956.

(iii) a copy of each of the following papers under sub-section (2) of Section 16 of the Tariff Commission Act, 1951:—

(a) Report (1959) of the Tariff Commission on the Cost Structure of Sugar and fair price payable to the Sugar Industry.

(b) Government Resolution No. 49-1|59-SV-387 dated the 4th April, 1960.

(c) Statement explaining reasons why the documents at (a) (b) above could not be laid on the Table during the period prescribed under the said sub-section. [*Placed in Library. See* No. LT-2068|60].

Shri S. L. Saksena (Maharajganj): Will this report be allowed to be discussed in the House?

Mr. Speaker: The hon. Member would know how it has to be done if he has been attending regularly. He was not. He must give notice.

12.12½ hrs.

COMMITTEE ON PRIVATE MEMBERS' BILLS AND RESOLUTIONS

Sixty-second Report

Sardar Hukam Singh (Bhatinda): Sir, I beg to present the Sixty-second report of the Committee on Private Members' Bills and Resolutions.

12.13 hrs.

ESTIMATES COMMITTEE

Eightieth Report

Shri Dasappa (Bangalore): Sir, I beg to present the Eightieth Report of the Estimates Committee on Public Undertakings—Forms and Organisation.

12.13½ hrs.

CALLING ATTENTION TO MATTER OF URGENT PUBLIC IMPORTANCE

Supply of Water to Pakistan

Shri Vajpayee (Balrampur): Under Rule 197, I beg to call the attention of the Minister of Irrigation and Power to the following matter of urgent public importance and I request that he may make a statement thereon:

"The Supply of water to Pakistan after the expiry of the interim agreement on canal waters between the two countries."

The Minister of Irrigation and Power (Hafiz Mohammad Ibrahim): On the 6th May 1959, I informed the House that an Inter-Governmental Agreement for *ad hoc* transitional arrangements for the period from 1st April 1959 to 31st March 1960 regarding the use of the waters of the Indus Basin was signed at Washinton on the 17th April 1959 by the Representatives of the Governments of India and Pakistan. A copy of the agreement was also placed on the Table of the House. In my statement of the 15th February

1960, I told the House that the first draft of the Indus Water Treaty had been received and was under examination but that our comments could not be finalised until we had before us not only the draft text but also its Annexures.

2. Although it is true that the *ad hoc* Agreement covering the period 1st April 1959 to 31st March 1960 has expired, discussions are continuing in Washington under the auspices of the World Bank to finalise the text of the treaty, including the transitional arrangements which will cover a much longer period during which supplies of water to Pakistan from the Eastern rivers will be progressively reduced as the replacement works are completed by Pakistan. These arrangements will form an integral part of the Water Treaty.

3. The House will recall that when similar *ad hoc* agreements expired in the past we continued to make supplies on the basis of the old agreement to prevent hardship to the farmers in Pakistan. While we regret the delay that has occurred in the finalisation of the transitional arrangements and the Canal Waters Treaty, we propose to follow the practice of past years and for the time being continue supplies on the basis of the *ad hoc* Agreement covering the period 1st April, 1959 to 31st March, 1960.

Shri Vajpayee: Is it not a fact that Pakistan is creating new difficulties as a result of which the conclusion of an agreement on canal waters has been delayed?

Hafiz Mohammad Ibrahim: I think there is no such thing on the basis of which I can answer in the affirmative.

Shri Vajpayee: May I know why this agreement is being delayed? Is it because of India or because of Pakistan?

The Prime Minister and Minister of External Affairs (Shri Jawaharlal Nehru): These discussions have been going on for a few years. It has been rather a frustrating experience. If the hon. Member asks for the reasons for the delay, according to us, very often it has been some new points raised by Pakistan. It is a complicated matter. It is no good my saying that or going into the details as to the particular point raised that is to be met. Anyhow, so far as we are concerned, we wanted to end it as soon as possible.

Some Hon. Members rose—

Mr. Speaker: The hon. Members have heard the statement. If further elucidation is necessary, they may put some questions later on.

Shri Vajpayee: Is it not a fact that the President of Pakistan is connecting the question of canal waters with the question of Kashmir? May I know if the Government is going to consider while entering into an agreement, while this aspect also. . . (*Interruptions*).

Shri Jawaharlal Nehru: The hon. Member is presumably referring to some speech which the President of Pakistan delivered. There is no connection between the two. Many things are said in speeches which cannot be analysed in this particular way.

Shri Raghunath Singh (Varanasi): May I put a question? My name is also there.

Mr. Speaker: Normally, I do not allow any question at all, even for clarification. A statement is made. The hon. Members may read that statement and if they want further clarification, they may table questions and if they are of sufficient importance, I will allow those questions at that stage.

12.19 hrs.

RE. ARTICLE IN AMRITA BAZAR PATRIKA

Shri P. G. Deb (Angul): Sir, on a point of procedure. When this matter is being brought up, I would like to ask whether the hon. Prime Minister is going to make a statement regarding the very same article which came out in the *Amrita Bazar Patrika* on 28th March, 1960 about which I gave a calling attention notice on the 31st of March.

Mr. Speaker: So, he does not want the statement now? All calling attention notices are for the purpose of getting a statement from the Prime Minister. Now, does he not want me to call on the Prime Minister to make that statement?

Shri P. G. Deb: I did not get any reply whether it was rejected or accepted.

Mr. Speaker: The procedure is this. Whenever the hon. Ministers want they intimate to me that they want to make a statement and I give them permission. After all, calling attention notices or things of that kind are only for the purpose of making the Ministers to make a statement on the floor of the House. They accept some notices and they do not accept some. But I prefer the opportunity being given to the Ministers themselves to make a statement in as liberal a manner as possible to avoid this process. That will be the procedure normally.

The Prime Minister and Minister of External Affairs (Shri Jawaharlal Nehru): My attention has been drawn to an article that appeared in the *Amrita Bazar Patrika* of Calcutta on March 28, 1960. This article referred to a meeting of Chief Ministers of States held in Delhi at which I am alleged to have made some statement in regard to our problems relating to our frontier with the Chinese State.

The allegations made in this issue of the *Amrita Bazar Patrika* are completely untrue and without the least foundation. I regret that such baseless statements injurious to the national cause should be made in a responsible newspaper.

12.22 hrs.

CONVICTION OF MEMBER

Mr. Speaker: I have to inform the House that I have received the following telegram, dated the 5th April, 1960 from the District Superintendent of Police, Belgaum:

> "Shri Nath Pai, Member, Lok Sabha, was convicted to suffer three months' simple imprisonment by the Judicial Magistrate, First Class, Khanapur, on the 4th April, 1960, in Khanapur Cr. No. 18/60 of the 2nd March, 1960, under Sections 341, 353 and 506, Indian Penal Code."

12.22½ hrs.

DEMANDS FOR GRANTS—*contd.* MINISTRY OF HEALTH—*contd.*

Mr. Speaker: The House will now resume discussion on the Demands for Grants Nos. 42, 43, 44 and 121 relating to the Ministry of Health.

Members may now move their cut motions relating to these Demands subject to their being otherwise admissible.

Failure to encourage Ayurvedic and Unani systems of medicines

Shri M. B. Thakore: I beg to move:

> "That the demand under the head 'Ministry of Health' be reduced by Rs. 100." (1266)

Need to popularise publications on health and medical facilities

Shri M. B. Thakore: I beg to move:

> "That the demand under the head 'Ministry of Health' be reduced by Rs. 100." (1267)

Need to encourage Ayurvedic and Unani medical institutions

Shri M. B. Thakore: I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100." (1268)

Need to improve the administration of hospitals in Delhi

Shri M. B. Thakore: I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100." (1269)

Need to open more Primary Health Centres in rural areas of Gujarat

Shri M. B. Thakore: I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100." (1270)

Need to have bone-setting section in all Government Hospitals

Shri M. B. Thakore: I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100." (1271)

Need for formation of a Central Homoeopathic Council

Shri U. C. Patnaik: I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100." (1293)

Failure to implement the recommendations of the Homoeopathic Enquiry Committee 1948-49

Shri U. C. Patnaik: I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100." (1294)

Failure to implement the Planning Commission's recommendations during the First Five Year Plan for development of Homoeopathy

Shri U. C. Patnaik: I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100." (1295)

Failure to implement the recommendations of the Dave Committee 1956-57

Shri U. C. Patnaik: I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100." (1296)

Need for training public health engineers for Manipur

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100." (1329)

Lack of trained Engineers, overseers, water works operators and sanitary inspectors in Manipur

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100." (1330)

Construction of the Imphal Town Hall

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100." (1331)

Need for a Rent Control Act in the municipality area of Imphal

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100." (1332)

Irregularities in allotment of shop sites by the Imphal Municipality

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100." (1333)

Need for legislation to make provision for the disabled, infirm, old and crippled people for their assistance

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100." (1270)

Failure to encourage Ayurvedic, Unani, Homoeopathic, nature cure and other native systems of medicines and treatment

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100." (1309)

Failure to encourage native systems and institutions of medical treatment in Manipur

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100"(1310)

Inadequate provision for treatment of T.B. in the crowded cities of India

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1311)

Failure to eradicate leprosy

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1312)

Lack of training and research in medical statistics

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1313)

Inadequate arrangements for treatment of mental diseases in India

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1314)

Bhore Committee's recommendations regarding Regional Centres for cancer research

Shri Tangamani: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1316)

Achievements of Tata Memorial Hospital and Cancer Centre, Bombay

Shri Tangamani: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1317)

Achievements of Chittaranjan Cancer Research Centre, Calcutta

Shri Tangamani: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1318)

Achievements of Cancer Research Centre set up in Madras by Women's India Association

Shri Tangamani: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1319)

Need to take over the Cancer Research Centre including hospital at Madras

Shri Tangamani: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1320)

Need to render more assistance to the hospital and Cancer Research Centre at Madras

Shri Tangamani: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1321)

Need to allocate more funds for the development of indigenous systems of medicine

Shri Kodiyan: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1322)

Need to form a Central Council for Homoeopathy

Shri Kodiyan: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1323)

Failure in taking adequate steps to overcome the shortage of medical personnel in rural areas

Shri Kodiyan: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1324)

Need to start a clinic at the Filariasis Training Centre, Ernakulam

Shri Kodiyan: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1325)

Need to allocate more funds for rural water supply schemes

Shri Kodiyan: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1326)

Need to give financial assistance to Kerala Government for expanding the Leprosy Hospital at Nooranad

Shri Kodiyan: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1327)

Scarcity of doctors and technical personnel in the Medical and Public Health Department in Manipur

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1334)

Need to provide pipe water system at Thonbal, Kakching, Moirang, Bishenpur and Mayang Imphal in the Manipur Valley

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1335)

Implementation of village water supply schemes in Manipur

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1336)

Need for establishment of a Medical College in Manipur

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1337)

Proposal to shift the Civil Hospital, Imphal to Lamphelpat

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1338)

Need for more facilities for mental patients from Manipur

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1339)

Failure of the water supply schemes in the tribal villages of the hill areas of Manipur

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1341)

Need for providing water pipes for important hill villages where there is perennial water supply

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1342)

Need for raising the pay scale of medical graduates in Manipur

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1343)

Ineffectiveness of D.D.T. in eradicating mosquitoes in Manipur

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Heal.h' be reduced by Rs. 100." (1344)

Admission of students from the Union Territories of Tripura and Manipur to Delhi Medical Colleges

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1345)

Need for opening a mental hospital at Imphal

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1346)

Non-implementation of Centrally sponsored schemes in Manipur

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1354)

Failure to utilise funds provided for vital statistics, V.D. Clinics, child welfare and Maternity Centres and Primary Health Centres in Manipur

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1355)

Failure to implement the anti-T.B. scheme in Manipur

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1356)

Delay in the construction of new buildings for Civil Hospital, Imphal

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1357)

Implementation of schemes for Imphal Water Works

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1358)

Lack of sanitary and hygienic conditions in Imphal Town.

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1359)

Failure to appoint specialists for anaesthetics, pathology, T. B. radiology and as House physician in Civil Hospital, Imphal.

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1360)

Multiplicity of authorities in the Medical and Public Health Departments of the Union Territories.

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1361)

Lack of coordination between the Medical Departments of the Territorial Council and the Union Territories Administrations.

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1362)

Need for regulation of pay scales and conditions of service of the Medical Staff in Manipur under the Central Health Scheme.

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1363)

Need for improvement of administration of hospitals in Union Territories of Delhi and Manipur.

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1365)

Need for grant of non-practising allowance to the medical staff of Government hospitals in Manipur.

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1366)

Need for special allowance to qualified doctors for serving in rural areas of Manipur.

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1367)

Need for allocating more funds for expanditure on Medical Services in Delhi and Manipur.

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1368)

Purchase of medicines and equipment for Civil Hospital, Imphal.

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Medical and Public Health' be reduced by Rs. 100." (1369)

Need for appointment of a Town Planning Officer for Manipur.

Shri L. Achaw Singh: I beg to move:

"That the demand under the head 'Miscellaneous Departments and Expenditure under the Ministry of Health' be reduced by Rs. 100." (1340)

Mr. Speaker: These cut motions are now before the House. Shri Kodiyan may continue his speech. The time allotted is five hours. The time already taken is fourteen minutes. So, we have 4 hours and 45 minutes—nearly five hours. We are starting at 12.20 and we shall conclude at 5.30.

Shri Vajpayee (Balrampur): That is, the whole day.

Mr. Speaker: The whole day.

Shri Kodiyan (Quilon—Reserved-Sch. Castes): Mr. Speaker, Sir, previously, I was referring to the problem of rural health and the shortage of medical personnel in the rural areas. I suggested that facilities for medical education should be further increased. But this is rather a long-term programme. The requirements of the countryside and the village parts have to be met urgently.

Therefore, I would suggest that short-term medical courses may be introduced. Objections can be raised against this proposal on the ground that these short-term medical courses may lead to a lowering of the standard of medical education and the medical profession in the country. But as the requirements of the rural side are of an urgent nature and as we have to provide medical facilities to the people there as expeditiously as possible, we have to do this. Those who undergo these short-term medical courses, after serving for a specific period in rural areas, may be given a chance to complete the regular course of medical education and take their degree.

Then, I would suggest that the ayurvedic physicians, unani physicians and also the homoeopaths in the rural areas should also be taken in and their services should be enlisted by the Government to run health services in the rural areas. In this connection, I would like to draw the attention of the hon. Minister to the recommendation made by the Estimates

[Shri Kodiyan]

Committee in their Forty-fourth Report. The Estimates Committee says:

"The Committee are of the opinion that the Ministry should work out a scheme of giving elementary training for preventive work to the practising *hakims* and *vaids* etc., who are already working in rural areas and to make use of all these hundreds and thousands of workers scattered throughout the country in a properly co-ordinated pattern of health service. This scheme should also envisage a proper scheme of linking with centres of more highly skilled medical care so that serious cases can be brought up for better treatment. Thus all available skill and talent would be able to function in a co-ordinated pattern for the relief of human suffering and prevention of disease and the present atmosphere of rivalry and competition between different systems would be replaced by healthy co-operation."

I would urge upon the hon. Minister to give thought to this recommendation and try to implement this recommendation as early as possible.

I have to make another suggestion also. In our villages there are many drugs which are easily available and which are being used by village people. I understand that an indigenous medical institution here has already submitted a proposal to the Government and the Planning Commission for starting cultivation of medicinal herbs in each village under the panchayats or local bodies. I am told that this particular institution has discovered some 166 drugs which may be easily used for village people. I think that this is a good suggestion worth trying.

Mr. Speaker: Which institution is that?

Shri Kodiyan: It is a indigenous medical institution in Delhi. It is known as Hamdard Dawakhana.

Then, Sir, I come to another important point, and that is with regard to rural water supply. It is a pity that even after nine years of planning our village people are not in a position to get even fresh drinking water. In the Second Five Year Plan Rs. 14.8 crores have been provided for rural water supply schemes in the central sector. I understand that only Rs. 4.96 crores have been spent up to March, 1959. The Government says, basing their estimates on the performance of State Governments it can be assumed that about Rs. 2 crores will be utilised by the State Governments in 1960-61, on the whole the Centre will be able to give central assistance to the State Governments to the extent of Rs. 9 crores against the provision of Rs. 14.5 crores.

Sir, this is a primary necessity of human life, and it is also one of the main factors for warding off many of the diseases in the country. Therefore, I would request the hon. Minister, the Government and the Planning Commission to give top priority to the question of supplying fresh water to rural areas.

Then I come to the question of control of T.B. The Government have some programme for controlling T.B. I do not know how far this control programme has progressed and how this scheme is working, because I find that in Delhi itself the incidence of T.B. is on the increase. I am told that in Delhi enough money has been earmarked for starting new T.B. clinics, but not even a brick has been moved so far during the Second Five Year Plan period. I am also told that about 20,000 active patients are waiting to be moved to these clinics.

On the question of research, I shall take up the question of research in cancer. The report says that there was a provision for starting four centres of research in cancer but due

to shortage of experts they have postponed the starting of these research centres. At the same time, I find that Government have taken over the Chittaranjan Institute of Cancer Research at Calcutta. I know they have also taken over the Tata Research Institute at Bombay also. There is a cancer research institute at Madras run by the Women's India Association. I understand that it is an institution run on proper lines and it has established a reputation in the country. I would request the hon. Minister to take over this institute also and run it in a more proper and efficient way.

Then, I have to speak something about the All India Institute of Medical Sciences. I find that necessary air-conditioning facilities have not been provided even for research purposes in virology and bacteriology. Air-conditioning is very essential to carry out this research successfuly. When we find that crores of rupees have been spent on palatial buildings like Ashoka Hotel and Udyog Bhavan where even a Deputy Secretary is provided with an air-conditioned room, we fail to understand why air-conditioning facilities have not been provided in the All India Institute of Medical Sciences. This specific point was raised last year also by my hon. friend, Shri V. P. Nayar, and the hon. Minister said that he would look into the matter. But nothing has so far been done in this respect.

Shri V. P. Nayar (Quilon): He is still looking.

Shri Kodiyan: I also understand that the hospital in this institute was started on 1st January, 1959, but for one reason or the other administrative sanction for the main hospital building has been delayed and the hospital is now working in the improvised nurses' quarters. An institution of this kind must have a well-equipped hospital as it has to do research on diseases. There can be no excuse for administrative delays in such matters.

Then I come to the question of filaria control programme. My own town, Ernakulam in Kerara, is also included in this programme. I know the position there better than others. But I must confess that the nuisance of mosquito has increased enormously in that town after this particular programme has started.

Shri V. P. Nayar: Even in Delhi it is so.

Shri Kodiyan: In this connection, I would request the hon. Minister to start as early as possible a clinic at the filarial training centre at Ernakulam.

Then I come to leprosy. In my constituency there is a leprosy hospital at Noornad where there are about a thousand patients. It is one of the biggest leprosy hospitals in India. But the State Government finds it very difficult to expand the hospital further due to lack of financial resources. I regret to find that nothing has been done by the Central Government to help the State Government in developing this institute. I would request the hon. Minister to give the necessary financial assistance to the State Government so that this hospital may be developed into a research cen're also. I think the hon. Minister will take necessary action in this connection.

Mr. Speaker: The hon. Member's time is up.

Shri Kodiyan: Only one point more and I will finish, and that is with regard to the eradication of small-pox. There was a proposal to set up a control commission at the Centre for the eradication of small-pox and cholera. I think it is a very good proposal. This control commission should be set up not only at the Centre; such commissions should work in the States also, especially in States where small-pox is prevailing on a large scale. I hope that the hon Minister will look into the points I have raised and take necessary action.

Mr. Speaker: Dr. Sushila Nayar I shall call Shri Nardeo Snatak next.

Shri Radha Raman (Chandni Chowk): I would also like to speak.

Mr. Speaker: I will call as many hon. Members as possible. I have called the doctor first.

Shri Joachim Alva (Kanara): I would request you to call the patients also!

Dr. Sushila Nayar (Jhansi): Mr. Speaker, Sir, I hope you will give me the extra minute that these hon. Members have taken! I am grateful to you for giving me an opportunity to say a few words on this subject which, I think, is of fundamental importance. If I say it is of the greatest importance, I would not be far wrong and yet, it has received a very step-motherly treatment all along at the hands of our planners in this country.

During the second Five Year Plan—I leave the first Five Year Plan—we were very dissatisfied because the total plan provision for health was about Rs. 275 crores out of a total provision of something like Rs. 4,800 crores. It was about five per cent or a little more, of the total plan provision. However, we hoped and we were led to hope that health measures will receive better treatment in the third Plan. What do we find? out of a total plan provision of Rs. 10,000 crores or so, health seems to be considered insignificant enough to receive a total outlay of Rs. 300 crores only. This comes to less than three per cent; it is just about 2½ per cent of the total plan outlay. Is this fair?

We are told that there is need for industrialisation but I want to ask: are sick men going to work in factories? Are they going to produce wealth for this country? We are told that there is urgent need for increasing food production. I do not deny it, but are sick men going to work in the field and produce food? We are told that there is very urgent need for education. I entirely agree. But are sick children going to benefit from the educational facilities that are provided for them in the schools? It is a simple thing which is so obvious that one is amazed to find how it can be overlooked. I think the Health Ministry and the health administrators owe it to the country to work out the financial loss due to absenteeism from the fields, from the factories and from the schools in terms of rupees, annas and pies or naye paise, so that the planners will be impressed by the colossal economic loss that the country is suffering at the moment because of the inadequate attention that is being paid to health matters.

One of the first things in life is good water supply. If we can give to this country a good water supply, good sanitation, disposal of water, drainage facilities, etc., I have not the shadow of a doubt that more than 75 per cent of the diseases in this country will disappear just as a result of these simple measures. Yet, what do we find now? A big, grand sum of Rs. 17 crores for water supply for the whole of the rural areas in the country has been provided! For this vast country with 500,000 villages, with States like Rajasthan and Madhya pradesh and hilly areas and with places where water supply is most difficult, the total amount provided in the plan for rural water supply is Rs. 17 crores! How many villages are going to be supplied with clean water with this scanty amount, I would like to know.

Water is not only the problem of the villages but the problem of the cities as well. I wish the administrators in the Health Ministry would sit down and calculate how many cases of typhoid, how many cases of diarrhoea, dysentery and various other gastro-enteritis troubles due to infected water supply occupy the hospital beds all over this country. If the economic outlay of beds occupied by these simple cases which we can get rid of by proper water supply and proper sanitation is calculated, it will be something colossal.

We go on thinking in terms of increasing the hospital beds. I agree that there is urgent need for increasing the number of beds. The number of hospital beds available is most inadequate at the present moment. The number of beds works out to less than one per thousand of the population all over the country and even this distribution is most uneven. I is not evenly distributed. You may have a little more in cities like Delhi, Calcutta, Madras and Bombay, but if you go into the rural areas and smaller towns, the position is much worse. There is need for increasing the beds and increasing the hospitals. But are we making the wisest use of facilities available now? Can we not try our best to eliminate a certain number of those diseases which can be eliminated for which we have the knowledge and no great research is required?

If we can eliminate them, many of our beds will fall vacant. But to do that, we have to spend money. We have to spend money for water-supply for sanitation and for drainage. In some cases I am told our planners think there is no need for any money for drainage purposes, with the result that in a city like Nagpur, where there was no filaria, increased water-supply without drainage has resulted in stagnant pools resulting in breeding of mosquitoes and the appearance of filariasis in that area. We must understand that there are things that must go together. If you give water, you must give drainage. You cannot give one and deny the other; yet nobody seems to realise that. We seem to be going along a planned fashion, but so far as the health facilities in this country are concerned, the concept of planning seems to be conspicuous by its absence.

Dr. M. S. Aney (Nagpur): Most unhealthy.

Dr. Sushila Nayar: Yes, Sir; it is most unhealthy, the way things are proceedings. Therefore, it is most necessary and most urgent that the Health Ministry and the health administrators are able to impress upon the Planning Commission that some of these things have got to proceed along a planned fashion and have got to be taken in hand urgently and money must be provided for them in the overall and larger interests of the country's economy and well-being.

There is, as I said, this inadequate provision for health. Out of that inadequate provision, are we able to spend, what we spend, in a wise manner? Are we able to get the best out of the money that we have. I believe not. A little while ago, an hon. Member mentioned something about small-pox. We were very happy last year when the Health Ministry appointed a special committee for the eradication of cholera and small-pox. The recommendations of that committee are nearly a year old by this time. Yet, have they been implemented? First of all, some of us doubted if there was really any need for a big committee or commission for small-pox, because, after all, small-pox has been eradicated practically from all over the world. Everybody knows that all that you need is proper vaccination. Yet we felt happy; anyway, let the committee suggest to us how it can be done. But what has happened after that? The committee said, appoint a commission for the eradication of small-pox and cholera, not for carrying on research, but for the implementation of this programme. The expenses involved were not colossal. I think they were Rs. 6 crores to Rs. 8 crores for the eradication of small-pox.

But have we taken up this programme in hand for small-pox control and eradication? No, we have thought in terms of having some pilot projects. First, we have a committee and spend a year or more: then we have pilot projects and lose more time. For what? We are still going to find out how we can eradicate small-pox. Next door to us, in a vast country like China, with 1½ times our population and people who are

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more backward than we have ever been, they have eradicated small-pox completely; and, we are still thinking in terms of pilot projects. When the report of the pilot project comes, then we shall think of taking up a comprehensive programme. I just do not understand it. We should take up the eradication programme now.

Similarly, an hon. friend talked about leprosy. I know there are many things that need elucidation in the field of leprosy. At the same time, there is enough knowledge gathered so that with the use of sulphone therapy, we can reduce the infectivity of the cases and we can even reduce the appearance of the disease amongst contacts of leprosy cases. Have we done anything to take this up on a mass scale? I know that leprosy wing of the Gandhi Smarak Nidhi, of which I happened to be the Secretary in 1950, took up a project and by the end of 1951, we had given a fairly conclusive report that with the mass use of sulphone therapy in selected villages, the appearance of new cases can be controlled. It was controlled. Yet, 8 or 9 years have gone and the Government of India has not thought it fit to take up a comprehensive programme along those lines.

Take the case of tuberculosis. In Delhi, at the tuberculosis clinic run by the National Tuberculosis Association of India, work has been done for the last ten years. In that work, it has been proved quite effectively that home treatment with certain new drugs, chemo-therapy, can reduce the infectivity of the cases, can cure a vast majority of these cases and can solve the problem to a large extent. But we did not take up a big programme. We thought of having another research project and that research project after spending some lakhs of rupees and after two or three years— whatever be the time—has confirmed the results of the Tuberculosis Clinic in Delhi, which had already been confirmed by the Delhi State by trying the experiment in three or four other centres in Delhi itself. We have re-proved it. All right; I am glad we have re-proved it on a scientific line. I hope now at least it will be taken up on a mass scale and we will not again think in terms of pilot projects for the control of tuberculosis.

As the friend who spoke before me mentioned, tuberculosis is on the increase. Somebody was telling me the other day that even for small-pox, the incidence is higher than what it used to be in British days. When I spoke to one of the high officials of the Health Ministry as to why we have not been able to do anything in these matters, he said, it is administrative failure. Of course, I agree it is administrative failure. There are lacuna in scientific knowledge here and there, but mainly it is administrative failure. But who is going to overcome the administrative failure in this country? Surely, we have to find out ways and means of doing it. Have we taken up health education in an effective manner? Somebody said, the politicians come and interfere when we take up vaccination programme or cholera inoculation programme. Maybe the politicians are the villains of the piece. But what have you done to educate the politicians?

I have time and again pleaded on the floor of this House: to make use of the All India Radio. Why does not the Health Ministry get together with the All India Radio and have campaigns on health education, one programme after another? I know how in some of the other countries that have got rid of some of these problems, they took up the campaign of educating the public, taking the public opinion with them. Then they launched a programme on a particular day that they had decided upon and went ahead with the programme, so that within a year or 2 years, they were able to achieve results that they could be proud of and give relief to the people.

Therefore, what I am pleading for is the urgent need to take up some of these programmes and to eliminate some of these communicable diseases. We do not need to go on having research on these problems. I know the hon. Minister is very very keen on reducing infant mortality. It is a very good and noble thing. But do we want research for reducing infant mortality ? Don't we know enough about causes of infant mortality in this country and all over the world ? I ask you a simple thing Mr. Speaker. Here in Delhi itself, there is increase in death rate from diphtheria. Diptheria is a thing which can be controlled by simple immunisation. Diphtheria Pertusses Tetanus vaccination is an effective vaccination. All that you have to do is to introduce this vaccination in your health centres. Have we done it ? We have not even started it. How can we reduce the death rate of children ? To reduce infant mortality, we have to do something about providing better facilities for the care of pregnant women, for delivery and for postnatal care of the mother after delivery.

I know we have a number of maternity and child welfare centres. But are they enough? What percentage of the population do they cover ? Very little. The indigenous dhai, the village dhai conducts a vast majority of the deliveries in this country. We have not even gone ahead to supply them with the simple clean method of conducting these deliveries. This again is not a research problem, not a very complicated problem; it is a problem of effective administration. I am sure the Health Minister, when he replies, would say: "what can we do when it is the responsibility of the States ? The States have got to do it." We have heard that answer often enough. If the Health Ministry can do nothing and it is all in the hands of the States, why do we have a Health Ministry ? I believe there is need for the Health Ministry. I believe there is need to strengthen the Health Ministry. I am not decrying the existence of the Health Ministry. But I believe the Health Ministry has to achieve that position so that the States will respect its advice, the States will look up to it for advice. They must have a strong scientific basis. Their directorate must be strengthened. Their directorate must be in a position to give such advice that the States will be happy to receive it, will look up to them for advice.

Now what can the directorate do ? Does the Health Ministry give sufficient emphasis, sufficient importance, to the recommendations, to the suggestions that are given to it by the scientists ? No. I know what happens in the administrative set up that we have in this country. The highest scientist in the directorate will put up proposals, and those proposals will be commented upon by some clerk at the assistant's level in the Ministry and then the file will go up and ultimately go to the Under Secretary, Deputy Secretary, Secretary and then the Minister, all laymen who do not understand any thing about the subject that is before them, and yet they will have the authority and power to chuck out anything that they do not want, strike out anything that they do not like. When I was Minister for health in the Delhi State I had some unpleasant experiences of this type. I found such ignorant remarks were passed by the Secretariat on the proposals of the Directorate of Health that it was just stunning.

I will give you only one instance. There was a diet schedule for patients in the hospital the normal full diet, the light diet, the extras for tuberculosis patients and others. In the list of "extras" were items like milk, ghee, fruit, butter, eggs and so on. So, the wise man put his remark "Yes provided you give one extra at a time". It is a fantastic thing. A patient will need milk as well as fruit, eggs and so on. The doctor should decide it and not the Secretariat.

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All that I am pleading for is that the advice of experts should be treated with the respect that is due to it. The administrators may, by all means, express their opinion about administrative aspects of the proposals but they should not try, after having heard something from some friend of theirs somewhere, to express opinions on the scientists' advice, as is happening at the present moment.

Then I want to draw your attention to the need for certain types of legislation. For a long time we have been hearing about a comprehensive Public Health Act. They have said, "We have prepared a draft; we have sent it to the States". I understand that health is a concurrent subject and that is why we have the Health Ministry at the Centre. Under the circumstances, why does the the Health Ministry not bring up legislation, a comprehensive Public Health Act? Why do they not make vaccination compulsory? In this country there is so much of blindness due to small pox? So many of our people are blind today that it is creating a big problem. We can prevent people from becoming blind, that is one thing. We should have a comprehensive blindness prevention programme. Secondly, for those who are already blind, Government should have a programme to give them eye-sight with the modern scientific advances, especially when corneal grafting is being carried out in several places in this country. Our doctors cannot get the dead bodies to take the cornea for grafting, because people object saying that it is mutilation of the body. Why cannot the Health Ministry bring about a legislation so that we can remove the cornea of the dead bodies for grafting them for those who need eyes. It is not such a difficult thing that it could not be done. I am not giving an exhaustive list of legislation required I am mentioning these only as illustrative examples.

Then I must urge on the Health Ministry that they think in terms of providing some kind of minimum adequate health service for the people in this country today and not fifty or hundred years hence. The common man in this country wants the right to live a healthy life. What are they going to do about it? How are they going to proceed about it? Big promises like so many doctors per year, so many nurses per year or so many hospital wards per year will not be a solution to this problem for the common man in this country today. If they have to give adequate health services to the people today, they will have to think in terms of mobilising all fully-trained semi-trained and half-trained health personnel, Ayurvedic, Unani, every type of person practising medicine in this country. It is a big gigantic administrative effort that they have got to make. In that big administrative effort, I am quite certain, that, so far as co-operation is concerned, most of these men will co-operate with them.

I remember that when Shri R. K. Patil was member, Planning Commission (Food), one day he called for the Director of ICMR and some experts from Ayurved, Unani and Homoeopathy and told them "Gentlemen, if we have to produce more food, we must make the men who work in the fields healthy and you have to give a scheme so that we can provide health facilities for men working in the fields." They were quite divergent in their outlook on the subject of health but when they considered it with a determined effort they came to an agreement that in the field of prevention at least, they could all co-operate. The same was my experience when Gandhiji sent for men from every type of medical practice in this country while formulating the medical plan for Kasturba Trust. When he asked them to formulate some scheme by which we can reach the common man in the villages of India, particularly the women and children and do something for them, we agreed on the field of prevention. I urge that

some kind of scheme may be worked out by the Health Ministry so that we can mobilise and harness all the personnel that is there and make use of them.

The Health Ministry has a scheme for training auxiliary health personnel. The Candidates for auxiliary health personnel, taken from matriculates, or whatever their level of education is, may be of some use. But let us remember that hundreds of thousands of men are practising. Whether you like it or not, they are practising. Instead of treating them as outcastes or Pariahs, let us treat them as our own limbs. They are reaching places where the highly-qualified doctors are not able to reach. Let them not have a fear that they will lose their cases by cooperating with us. We are not there to take away their practice from them. Let us make them understand that we are there to help them improve, their standard, improve their work so that better health facilities are provided to the common man in this country.

This brings me to the subject of Ayurvedic research. We have been talking of Ayurvedic research for a long long time. We have heard the Health Minister saying that the money provided for Ayurvedic research does not get spent. I plead: let there be a wing in the Indian Council of Medical Research dealing with Ayurvedic research; bring in that Wing some of the prominent Ayurveds. Let them work together and test some of the common remedies. Then we can go into chemical analysis, take up the analytical approach to the research problems connected with those drugs. But let it be done, so that the Ayurveda will not be treated as a junior partner but as an equal partner with the highly scientific minds in the Indian Council of Medical Research. And let them evolve plans of research, so that these drugs, some of which are being exploited by foreigners, because we do not exploit them ourselves are worked out by our people exploited and let the credit go to our own people for discovering some new things in this field.

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Similarly, there is urgent need for making better use of the training facilities. We are increasing the numbers of medical colleges.

Mr. Speaker: The hon. Member's time is up.

Dr. Sushila Nayar: I will take only two more minutes and finish.

We are increasing the number of medical colleges. It is good. Let there be more medical colleges. But I plead for improving the status and the standard of the common hospitals, the average hospitals and dispensaries in this country, for improving the facilities in the existing medical colleges in this country, before we go after expansion. Let us improve and consolidate what we have, reach it out to the people as far as we can, and then think in terms of expansion.

In answer to a question, some assurances followed and a statement came to me the other day. There were about a hundred fellowships offered by different Governments in different parts of the world in different branches of medicine, all unutilised by our Health Ministry. In some cases they said that the information came late; in most cases they said we could not find suitable candidates. I am amazed. There are so many of our people getting training in the field of medicine. The Ministry should have the lists ready, so that the moment they get an opportunity they can place somebody for training and utilise the opportunities for training our young men and women when they are getting these scholarship offers.

The utilisation of the trained personnel is an equally important aspect. We must have a national register for specialists in different lines, in dif-

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ferent fields. The Health Ministry must see to it that proper use is made of the trained and specialised personnel. Today a man who is a specialist in eyes is put as an anaesthetist in some outlying hospitals in the districts. The Health Minister may say that it is not his job but that of the Health Ministry in the States. But I plead that the Health Minister at the Centre has to see to it that these things are done properly. Central direction and guidance is absolutely necessary, and I believe it is possible to work it out. He must now evolve some kind of a national health scheme.

The C H S is one step in that direction, but there are lots of defects in the C H S which must be removed. Here in Delhi itself the doctors in the C H S dispensaries in some of the outlying places like Lajpat Nagar, Tihar, etc. do not have telephones in their houses. When somebody wants a doctor in the middle of the night, the C H S dispensary chowkidar says "I cannot go to tell the doctor because I am looking after the dispensary, and I cannot leave it unprotected". So the man or woman has to walk two or three miles to go to the doctor. There are urgent conditions when it is necessary to get at the doctor as early as possible, and this cannot be done unless there are telephones at the doctors residences.

I do not want to take more time, although there are a number of other points that I wanted to make. I only want to say that the Health Ministry must give their urgent attention to better implementation of the drug control programme on the one side and the drug production programme on the other. Drug production may be with the Ministry of Commerce and Industry. But Drugs are an integral part of medical relief, medical care in the country, and the Health Ministry must pursue it and see to it that we produce good drugs and that we have proper control on drugs, so that our people can get good drugs and not adulterated drugs.

श्री नरदेव स्नातक (अलीगढ़–रक्षित अनुसूचित जातियां) : अध्यक्ष महोदय, जिस तरह से हमारे देशवासियों के लिये खाद्य की आवश्यकता है और दूसरे नम्बर पर शिक्षा की आवश्यकता है, उसी तरह से इस विशाल देश के लोगों के लिए स्वास्थ्य की उस से कम आवश्यकता नहीं है । हम यह देखते हैं कि आजादी के १३, १४ वर्ष के बाद भी हमारे इस देश में रोग और रोगी पहले से कहीं ज्यादा बढ़े हुए हैं । हम ने यह भी देखा कि परदेशी जो हमारे देश में आये और २०० वर्षों के पश्चात् यहां से निकल भी गये, वे जिस चिकित्सा पद्धति को अपने साथ लाये उस को न तो अभी तक देश की सरकार और न वे बड़े बड़े लोग, जो ऊंचे ऊंचे स्थानों पर रहते हैं या शहरों में रहते हैं, निकाल सके हैं । यह ठीक है कि ऐलोपैथिक पद्धति में कुछ विशेषतायें हैं, परन्तु साथ ही साथ हमारी जो आयुर्वेदिक चिकित्सा पद्धति है, उस में भी काफी विशेषतायें हैं । देश के लिये पहली और दूसरी पंच वर्षीय योजनायें बनीं, आप ने देखा होगा कि १०० करोड़ रु० पहली पंच वर्षीय योजना में चिकित्सा के ऊपर रखे गये, परन्तु आयुर्वेद यूनानी, होमियोपैथिक और नैचरोपैथी, इन सब पद्धतियों के लिये, इन सब देशी चिकित्सा पद्धतियों के लिये ३७ लाख, ५ हजार रु० रखा गया । दूसरी पंच वर्षीय योजना के अन्दर भी आप देख सकेंगे कि चिकित्सा के सम्बन्ध में २६७ करोड़ रु० रखा गया था, परन्तु देशी चिकित्सा पद्धतियों पर ६ करोड़ ५ लाख से ज्यादा रुपया नहीं रखा गया । अब तीसरी पंच वर्षीय योजना हमारे सामने आ रही है और प्रदेशीय सरकारों से भी पूछा जा रहा है इस के सम्बन्ध में । मैं आप के सामने बंगाल का उदाहरण रखना चाहता हूं । बंगाल सरकार ने अपनी तृतीय पंच वर्षीय योजना में स्वास्थ्य के ऊपर जो रकम रखी है वह कुल ४२ करोड़ रु० है । आप को जान कर

आश्चर्य होगा कि उस ४२ करोड़ रु० में से सिर्फ २२ लाख रु० आयुर्वेदिक, यूनानी होमियोपैथिक और नैचरोपैथी आदि देशी चिकित्सा प्रणालियों के लिये रखा है और ४१ करोड़ ७८ लाख रु० केवल ऐलोपैथिक के लिये रखा है । इस तरह से यह विचार करने की बात है कि इस देश के अन्दर केवल एक ऐलोपैथिक चिकित्सा प्रणाली ही देश का उद्धार कैसे कर सकती है । यह बात मेरी समझ में नहीं आती है ।

यह ठीक है कि जब हमारे देश में अंग्रेजों का राज्य नहीं था उस समय इस आयुर्वेदिक पद्धति की काफी उन्नति हुई थी । जिस समय विदेशी चिकित्सा पद्धति हमारे देश में नहीं आई थी, उस समय अब से सैकड़ों नहीं हजारों वर्ष पहले इस देश के अन्दर आयुर्वेद का प्रचार और विस्तार था । इस देश के अन्दर ही नहीं, योरप और यूनान के अन्दर भी आयुर्वेद पहुंचा हुआ था । मध्य एशिया का और एशिया का जो पूर्वी भाग है, अर्थात् जापान और चीन, वहां पर भी हमारी आयर्वेद और यूनानी चिकित्सा पद्धतियों की चीजें पहुंची हुई थीं । मेरे कहने का तात्पर्य यह है कि आज यहां पर ऐलोपैथिक चिकित्सा पद्धति के ऊपर बहुत बड़ी रकम खर्च की जा रही है । आप देख सकते हैं कि देश की पहली और दूसरी पंच वर्षीय योजनाओं में, और जो तीसरी पंच वर्षीय योजना बनने जा रही है उस में भी, लाखों और करोड़ों रुपये केवल हास्पिटल्स के ऊपर खर्च किये जायेंगे, और किये भी जा चुके हैं । इसी तरह से ऐलोपैथिक पद्धति की चीजों के आयात पर भी लाखों और करोड़ों रुपये खर्च किये जा रहे हैं । इसी तरह से ऐलोपैथिक के अनुसन्धान और रिसर्च के लिये करोड़ों नहीं अरबों रुपये खर्च किये जा रहे हैं । उस के मुकाबले आयुर्वेद पर कुछ भी खर्च नहीं किया जा रहा है । ले दे कर के एक आयुर्वेद रिसर्च संस्था जाम नगर में खोली गई है । जैसा किसी ने ठीक ही कहा है :

देवदत्तस्य एकैव पुत्रः स एव ज्येष्ठः
स एव मध्यमः स एव कनिष्ठः

अर्थात् देवदत्त के एक ही तो पुत्र है, चाहे उसे प्रथम समझ लीजिये, चाहे उसे मध्यम समझ लीजिये और चाहे उसे सब से छोटा समझ लीजिये, परन्तु उस के मुकाबले में ऐलोपैथिक के ऊपर बड़ी बड़ी रिसर्च हो रही हैं, बड़े बड़े अनुसन्धान हो रहे हैं । पर इस बारे में यहां के मेम्बर साहबान जो कुछ भी कहते हैं केन्द्रीय मंत्रालय उस को सुनता तो है लेकिन सुन कर मैं समझता हूं कि अनसुनी कर देता है । उन से मेरा निवेदन है कि आयुर्वेदिक पद्धति की जो [illegible] प्रणाली है वह हमारे देश के लिए सब से उपयुक्त है । चरक ने कहा है :

"यस्य देशस्य याजन्तुः तज्जन्यं तस्यौषधं
हितम् ।"

जो जिस देश का रहने वाला जीव है, उस देश में पैदा हुई जड़ी और बूटियां जो हैं वही उस के लिये हितकर हैं । इस लिये जो हमारे देश के रहने वाले नागरिक हैं उन के लिये हमारे यहां की चिकित्सा पद्धति और हमारे यहां की जड़ी बूटियां ही उपयोगी हो सकती हैं । आप समझ सकते हैं कि हमारे देश का जो बहुत बड़ा हिस्सा, जिस की संख्या में समझता हूं ८५ प्रतिशत होगी, गांव में रहता है, गांवों में रहने वाली जनता आयुर्वेदिक और यूनानी चिकित्सा पद्धति के द्वारा ही अपने रोगों को दूर कर सकती है । परन्तु दुर्भाग्य यह है कि जिस चिकित्सा पद्धति से बड़े से बड़े रोग भी दूर किये जा सकते हैं और अब भी हो रहे हैं, उस के लिये हमारे केन्द्रीय सरकार के मंत्री जी और उन के मंत्रालय के जो बड़े बड़े अधिकारी हैं वे यह समझते हैं उतनी उपयोगी नहीं है, उन के विचार में ऐलोपैथिक पद्धति ही सर्वोपरि है । हम देखते हैं कि आयुर्वेदिक औषधियों के अनुसन्धान भी किये जाते हैं तो उन पर एलोपैथिक का ठप्पा लगा दिया जाता है, उन का नामसंस्करण दूसरा कर दिया जाता है । इस का परिणाम यह होता है कि जो आयुर्वेदिक दृष्टि से रिसर्च की हुई औषधियां हैं वे ऐलोपैथिक में चली जाती हैं और वैद्यों पर रोक लगा दी जाती है कि वे उन का उपयोग न

[श्री नरदेव स्नातक]

कर सकेंगे। देखने में आता है कि बड़े से बड़े रोग वे जरा सी भस्म की गोलियों से, कौड़ियों में बनने वाली गोलियों से या हमारी अपनी जड़ी बूटियों से दूर हो सकते हैं। उसी एलोपैथी में हजारों लाखों रुपये से जो बड़े बड़े अनुसन्धान के बाद औषधियां निकलती हैं, उन को देने से रोग और बढ़ जाते हैं, जड़ मूल से नष्ट नहीं होते। इंजेक्शन के विषय में हम ने देखा है कि अखबारों में रोज पढ़ने को मिलता है कि जो विद्यार्थी स्कूलों और कालेजों में फेल हो जाते हैं, या किसी सर्विस से निकाल दिये जाते हैं, या किसी भ्रष्टाचार में पकड़ लिये जाते हैं, वे कहीं से इंजेक्शन लगाने की तरकीब सीख लेते हैं, कुछ थोड़ी सी औषधियां मामूली ढंग की खरीद लेते हैं, और छोटी मोटी दूकानों पर लम्बे लम्बे साइन बोर्ड लगा लेते हैं। जो फर्जी डिगरियां मिलती हैं उन को ले कर, सूट बूट पहन कर, टाई बांध कर, इंजेक्शन लगाने लगते हैं। इस का परिणाम यह देखने में आता है कि इंजेक्शन लगाने के बाद भी रोगी अच्छा नहीं होता यह अकाल ही काल के गाल में चला जाता है। जब उस के घर वाले कहते हैं कि डाक्टर साहब यह आप ने क्या किया तो कहते हैं कि हम ने कोशिश तो की, बड़े कीमती इन्जेक्शन लगाये हैं, पर क्या किया जाय इस की मौत आ गई थी इस लिये सांस रुक गई। इस तरह से आज देखने में आ रहा है कि हमारे देश में नकली डाक्टरों की भरमार है। हम ने यह भी देखा है कि आज हमारे यहां मिलावट का बड़ा बोल बाला है। हमारी जड़ी बूटियां जो कि पहाड़ी स्थानों में पैदा होती हैं, उन के नीचे आते आते, बल्कि नीचे आ भी नहीं पाती हैं कि बाजारों में उन में बड़ी मिलावट हो जाती है। आप देखते हैं कि हमारी जो आयुर्वेदिक औषधियां हैं जैसे केसर है, कस्तूरी है, इसी तरह से बंशलोचन है, जावित्री है, जायफल है, इलायची है, लौंग है, इन सब के ऊपर काफी बन्दिशें लगी हुई हैं इस लिये इन में मिलावट बहुत ज्यादा है। केसर संसार भर में केवल कश्मीर में पैदा होता है। लेकिन सारे कश्मीर में जितना केसर पैदा होता है उस का कम से कम दूना केसर दिल्ली शहर में आज मौजूद है। इसी तरह से हम देखते हैं कि कस्तूरी के सम्बन्ध में भी होता है। नेपाल में कस्तूरी मृग पाया जाता है उस के पेट में कस्तूरी का तेफा निकलता है, एक पोटली सी निकलती है जिस में कस्तूरी होती है। असली कस्तूरी बड़ी कीमती होती है, उस का दाम १०० रु० तोला, १५० रु० तोला और २०० रु० तोला तक होता है। परन्तु बाजार में आप को वह २ आ० तोला, ४ आ० तोला, ६ आ० तोला और २ रु० तोला तक जी मिल सकता है। उस में बात क्या है? असल में उसमें कस्तूरी का सेंट होता है जिस से कि नकली कस्तूरी को असली कस्तूरी बना ली जाती है और शहर के भोले भाले लोग उस से ठगे जाते हैं। गांवों के लोग इस चीज की अच्छी तरह समझते हैं और उन का ठगा जाना जरा कठिन होता है। वे जानते हैं कि यह चीज मिलावट की है। इसी तरह से आप शहद को ले लीजिये, जो मधुमक्खी से बनता है, यह बड़ी उत्तम औषधि है बीमार और स्वस्थ सब लोगों के लिये, परन्तु इस में भी हम देखते हैं कि मिलावट होती है। शीरे या गुड़ का नकली शहद बना कर बाजारों में बेचा जाता है। इसी तरह से बंशलोचन भी बड़ी उपयोगी चीज है। आप ने देखा होगा कि नकली बंशलोचन का भी बाजार में बोलबाला है। मेरी समझ में तो यह आता है कि अगर इन सब चीजों के ऊपर ध्यान दिया जाय तो यह सब नकली चीजें नहीं हो सकेंगी। लेकिन जब कभी आयुर्वेदिक अनुसंधान संस्था कोई रिसर्च करती है तो उस पर एलोपैथिक का लेबल लगा कर, उस का ठप्पा लगा कर उस को ऐलोपैथिक औषधि कह दिया जाता है और आयुर्वेद के वैद्यों को उस के प्रयोग से रोक दिया जाता है। उन से कह दिया जाता है कि आप लोगों को अधिकार नहीं है कि आप इस का उल्लेख कर सकें। इस लिये मेरा कहना इस मंत्रालय से यह है कि जो परदेशी

चिकित्सा पद्धति है उस का आप जरूर विस्तार कीजिये, हमें उस से कोई झगड़ा नहीं है। हमें एलोपैथिक से कोई द्वेष नहीं है लेकिन हम देखते हैं कि एक मां के दो बच्चे हैं एक गोद लिया हुआ बच्चा है और एक उसका अपना असली बच्चा है। यह एलोपैथिक चिकित्सा प्रणाली उस गोद लिये हुए बच्चे के समान है और यह दुर्भाग्य का विषय है कि मां रूपी सरकार उस गोद लिये हुए बच्चे को अपने असली पुत्र की अपेक्षा अधिक प्यार कर रही है। वास्तव में जो उस का असली बच्चा आयुर्वेदिक पद्धति है उस के लिए उसे कोई प्रेम नहीं है और कोई स्नेह नहीं है। मंत्री महोदय से और अपनी सरकार के जो चलाने वाले हैं उन से मुझे यह कहना है कि आप एलोपैथिक प्रणाली को तो जरूर प्रोत्साहन दें परन्तु साथ ही साथ हमारी आयुर्वेदिक, यूनानी और होम्योपैथिक की जो देशी चिकित्सा पद्धतियां हैं उन के प्रति भी आपका भाव वही होना चाहिए जो कि एक मां का अपने निजी बच्चे से होता है। यदि आप ऐसा करेंगे तो मेरा अपना विश्वास है कि थोड़े ही परिश्रम से और थोड़े ही पैसे से देश का उपकार होगा और देश के जन स्वास्थ्य में वृद्धि होगी।

मुझे तो आप से यह निवेदन करना है कि आयुर्वेदिक चिकित्सा पद्धति के सम्बन्ध में केन्द्रीय सरकार ने जो रवैया अख्तियार कर रक्खा है वह ठीक नहीं है। हमारे आयुर्वेदिक व यूनानी चिकित्सकों का यह कहना है कि वे अपनी पद्धतियों का विकास और विस्तार करना चाहते हैं और इस सम्बन्ध में उन्हों ने कुछ मांगें रक्खी हैं और मैं समझता हूं कि उन की वे मांगें जायज व उचित हैं। वे मांगें इस प्रकार हैं :—

१. केन्द्रीय सरकार अविलम्ब एक सेन्ट्रल आयुर्वेदिक डाइरेक्टोरेट की स्थापना करे।

२. केन्द्रीय देशी चिकित्सा बोर्ड तथा केन्द्रीय इंडियन मैडीशन ऐक्ट का तुरन्त निर्माण किया जाय।

३. आयुर्वेदिक और यूनानी के चिकित्सक जोकि प्रान्तीय चिकित्सा बोर्डों से रजिस्टर्ड हैं उन का रजिस्ट्रेशन बिना किसी अड़चन के केन्द्रीय चिकित्सा बोर्ड से किया जावे ताकि वैद्यों की मान्यता भारत में एक जैसी हो सके।

४. आयुर्वेदज्ञों की उपाधि तथा उन का पाठ्यक्रम सम्पूर्ण भारत में एक जैसा निर्मित करा के केन्द्रीय सरकार द्वारा तुरन्त लागू किया जाय।

५. आयुर्वेद के समस्त स्नातकों का वेतन स्तर एलोपैथ डाक्टरों के समान पी० एम० एस० १ व २ दिया जावे।

६. आयुर्वेद के राजकीय चिकित्सालय के चिकित्सकों को मेडीकल वर्क करने के पूर्ण अधिकार दिये जावें।

७. प्रत्येक राजकीय आयुर्वेद व यूनानी के चिकित्सालयों के साथ साथ इनडोर वार्डों की व्यवस्था भी हो तथा आयुर्वेद और यूनानी के चिकित्सा-चिकारियों एवं कम्पाउंडरों के लिये क्वार्टर्स भी तुरन्त बनाये जावें।

जो हमारे आयुर्वेद, यूनानी और दूसरी देशी चिकित्सा पद्धतियों के चिकित्सक हैं उन का यह कहना है कि एक एलोपैथ डाक्टर जब एम० बी० बी० एस० या दूसरी डाक्टरी की उपाधि ले कर बाहर आता है तो सरकार उस का वेतन २०० और २५० से स्टार्ट करती है और जब उस को बाहर भेजा जाता है तो १०० रुपये भत्ते का और देते हैं लेकिन इस के विपरीत वैद्यों का वेतन ६० रुपये से शुरू होता है और गांव में भेज दिया जाय तो भत्ते के नाम पर उन्हें कुछ नहीं दिया जाता है। आज जो डाक्टरों में और वैद्यों हकीमों आदि में इस तरह की

[श्री नरदेव स्नातक]

असमानता है वह नहीं रहनी चाहिये और हम चाहते हैं कि उन की योग्यता के अनुसार, उन के कार्य और उन की मेहनत के अनुसार उन को उचित प्रोत्साहन व वेतन आदि मिले और यह न हो कि उन के साथ एक सौतेले पुत्र का जैसा बर्ताव किया जाय। मेरा मंत्री महोदय से निवेदन है कि वे और उन का मंत्रालय आयुर्वेदिक चिकित्सा पद्धति के प्रोत्साहन में पूरी दिलचस्पी लेंगे।

इस के अतिरिक्त मैं यह कहना चाहता हूं कि पहाड़ी स्थानों पर जो जड़ी बूटियां पैदा होती हैं उन के लिये सरकार ने कोई ऐसा प्रबन्ध नहीं किया कि वे नीचे मैदानों में ठीक तरह से आ सकें। उन पहाड़ी स्थानों में जहां पर कि यह जड़ी बूटियां होती हैं वहां के लोगों को कुछ अधिक वृष्टि से प्रोत्साहन दिया जाय। वहां पर उन जड़ी बूटियों को पैदा कराया जाय और जो इस के स्पेशलिस्ट्स हैं जानकार हैं उन के द्वारा यह मान्यता प्राप्त की हुई औषधियां वैद्यों और हकीमों को दी जायें। ऐसा करने से आयुर्वेदिक व यूनानी औषधियां गुणकारी और प्रभावकारी सिद्ध होंगी और वह रोगों को आसानी से दूर भी कर सकेंगी। ऐसी व्यवस्था होने से जनता भी उन का ज्यादा से ज्यादा लाभ उठा सकेगी। मेरा निवेदन है कि मंत्री महोदय और उन का मंत्रालय इधर ध्यान देंगे और देशी चिकित्सा पद्धतियों को सौतेले बच्चे के समान ट्रीट नहीं करेंगे।

Dr. Melkote (Raichur): Mr. Speaker, Sir, the problem facing the Health Ministry is a colossal one. The modern advances in medicine have taken rapid strides towards reducing mortality. And I agree it is a valuable knowledge. What is being done by this Ministry towards the amelioration of the diseases in the country is rather very poor. Poverty is the excuse. It is said that so far as this is concerned, the size of the pocket of the patient should not be looked into. He should be given every attention that is possible. That is a very good idea. But looked at from that point of view it should unequivocally be said that the attempt made is far too meagre. Why is this so? The reason is this that in India we have certain conceptions and try to mix both the new and the old. Sciences are inseparable and they have no frontiers, geographical or political. It is a science and so far as science is concerned, it has to be studied with devotion and every attention has to be paid towards what is learnt. If we look at this problem from this point of view and considering it from the other point of view that today the advance in Science is so quick that nearly 95 to 98 per cent—even 99 per cent—of the diseases are amenable to treatment, if only the sick are properly attended to. If, therefore, at the present stage of scientific development in medicine we still see innumerable diseases rampant in our country and people dying of them, the causes are obvious. They have neither the necessary finance nor the adequate number of people technically trained in a proper manner to attend to them.

13.24 hrs.

[MR. DEPUTY-SPEAKER *in the Chair*]

This is the crux of the problem. If those two aspects have got to be tackled, they have got to be tackled in a very biggish manner. It is said many of the diseases and deaths are due to communicable diseases and one of the most important causes for this transmission is water. Without giving adequate and potable water to our population—and more than 80 per cent. of the population lives in the rural sector— how can we remove this big aspect of communicable diseases occurring through drinking polluted water. The Agriculture Department is trying to give more water for plants but the Health Department has still not been able to find adequate resources to give the man the necessary quantum of good water. If this is so, either the

Ministry has not been pressing hard on the Planning Department or the planners are lacking in foresight. But it is upto us in this Parliament to voice forth in the strongest possible manner that as soon as possible—as soon as possible is a very tall order, but as immediately as possible, maybe even tomorrow and this is very important—we should tackle this problem of providing good and potable drinking water to the rural parts of the country.

Mr. Deputy-Speaker: When two as's are there, 'immediately' or 'soon' would not make any difference.

Dr. Meikote: I just wanted to say that it should be done immediately.

The Minister of Health (Shri Karmarkar): When the money is inadequate, everything is difficult.

Dr. Meikote: With regard to the diseases, like, small pox and other things, I had an occasion to attend the Regional World Health Conference which was held at Kandy recently in Ceylon and we had to hang our head in shame that of all the countries in the world India is the one country where it has not been sufficiently controlled yet. The remedy is available but it has not been made use of adequately and the treatment does not reach the rural sector. This is one of the scourges in our country. It is a communicable disease which can spread easily and create ravages. Where there is a scourge to the international community of nations and if that has to be tackled effectively sufficient number of medical men and medical paraphaernalia which can take this treatment to the rural sector is again very important.

Since this again is a very big question which has to be tackled adequately. These two aspects bring the question with regard to mortality. The death rate in India is still very high. If we begin to account for one of these deaths as to why it has occurred, whether the remedies are not available, we find that most of these diseases if tackled properly are amenable to treatment. Therefore, it is either due to the negligence on the part of the Government or the public at large for not making adequate provision for treating such cases. If there was a commission appointed and they were asked to give a verdict in all cases of mortality they would under the present circumstances say that either the sick who have died are not being properly attended, or if they were attended by a physician that physician ought to be condemned for giving insufficient treatment and in certain countries they would have said, "Shoot him down." But if it is Government it is again a question as to what the Government ought to do. Ninety-eight to ninety-nine per cent of the diseases are amenable to treatment and deaths should not ordinarily take place except due to old age. But deaths are occurring in galore. There has been a sufficient development of science in the modern world and today after 13 years of Independence we are still finding that these causes which are remediable are not being attended to adequately. This adequate attention or inadequate attention is a very big question. It is all right for the modern allopath—and I am one of those people who have been trained under that system—to say that there should be adequate standard of training, none but a person with adequate training should be sent to the rural sector, that the training takes five years and the cost of training is very great. But how long are the rural sector going to wait to get such kind of treatment? This is a very big question. If we were placed under those circumstances, we would say, anything is better than nothing.

Under these circumstances, the question of indigenous system comes to the forefront. So far as the indigenous system of medicine itself is concerned, I have not the necessary competence to say one thing or the other. I am not trained in that system and unless one is trained, one has no basis to make any remark. But there

[Dr. Melkote]

are certain extra-sensory perceptions, parapsychological effects, and the Ayurvedic system is said to be built on that. A person like Mahatma Gandhi said that he felt the presence of God. Aurobindo Ghosh has said, in his letters to his wife, that he has been directed by a superhuman being. Ramana Maharishi said that he had realised God. Mahatma Gandhi was an educated person. Aurobindo Ghosh had a degree in natural science. When such persons say something of this kind, it is not for us to say it is not there, it has to be examined. It is not enough merely to question whether it is a fact or not, it is necessary for modern scientists to investigate and find out whether that basis is correct or not.

At any rate, if a modern medical man is sent to a village and asked to use his stethoscope, he would not be able to do much, but the Ayurvedic man is able to do something. At least his treatment has a psychological effect. At least, why do you not adopt that? I am not speaking of the quality, but I am speaking from a pragmatic approach to the whole question. Therefore, if today Ayurvedic and other systems are still in vogue and people have recourse to them, it is due to the compulsion of facts. We have to find out whether training is adequate or not and try to improve their system because there are lakhs of people who are spread out in the rural sector belonging to this system who are trying to do something good to the rural population.

There has been a change of shift in that Suddha Ayurveda should be taught. I have absolutely no quarrel with regard to that, but with regard to the Drug Act in that connection I have to say something. Even today medicine chests are distributed to the village sector. The head of the panchayat, or patel or patwari distributes these medicines. He has no medical knoweldge. Many of the Ayurvedic men who are turned out of our schools and colleges have some kind of training, but they are being deprived of using the modern drugs. I can well understand that some kind of training has got to be given to them before they can be asked to use modern drugs, but are they not better than those village quacks who have had absolutely no kind of training, who use modern drugs and over whom there is no control?

This has to be looked into because most of the Ayurvedic people who get into the colleges have been doing so because admission to the allopathic medical colleges has become very difficult. It may be a backdoor method of trying to utilise modern drugs by calling themselves Ayurvedic physicians. Whatever that be, some kind of training is being given, and some kind of help is being rendered by them to the village sector. Instead of improving upon that, we should not take a retrograde step and try to stop this kind of use. By such use a certain amount of harm may be done, but by not using modern life-saving drugs, possibly many more deaths may occur in the rural sector than otherwise.

This is a very important problem. That is why I appeal that the Ayurvedic physicians should be helped not merely with crores, but thousands of crores, as much as they want. Let them show the merit of their system. It should not be that you give them driblets and find out what they can do. Give them adequate amounts of money. Let the modern Allopath also work with them and understand their system as they do in China. In China the modern Allopath works with the others and tries to find out remedies which are useful. We have to take the time factor into account. We have got to render service to the rural sector as quickly as possible and to the maximum extent possible. So, we have to integrate the old with the new. Whatever is good in the old system has to be absorbed and the old system should be modernised so

that the Ayurvedic physician knows what is being done in the world today. This is the type of development that is necessary. By cutting away the Ayurvedic physicians from the field and making them useless, the country will not benefit, particularly the rural sector. This is a very big question which has to be attended to sufficiently early.

The number of students being admitted in the colleges is also a very big question. As it is, there is not a sufficient number of colleges. Many of the colleges that are now training upto MBBS are the old colleges where LMPs and LCPs were being trained. They have been upgraded. New colleges as such have not been very many, but the need of the country is very great, the need for medical men to render service to the rural population is extremely urgent. Therefore, more colleges and a little lowering of standards is necessary and possible. For a hundred years or more we had such a lower standard of doctors. If we have got to render service to the common man adequately, for a period this may become necessary. It was said about eight or ten years ago that there should be one system of medical education in the country. I can appreciate that. It is a stand which is worthwhile being implemented, but looking to the large population and the large questions that have to be tackled, it is necessary to find out whether a little lowering of the standards for a temporary period will not do us good. Not merely in the cities, but in the districts also you have got to have specialists, and they need not be exactly MDs or MRCPs. The post graduate degree course may be lowered a little and we may have a higher diploma course. Instead of being teachers, these people with a diploma may be taken to the district level where they can render specialised service.

That again brings me to the question of the rural population. More and more hospitals, more and more colleges are coming up in the urban sector. The rural population is coming to the cities. Medical help is available only in the cities, not in the district or rural sector. I do not see why some of these big hospitals having even a thousand beds should not be located in the rural sector. We have been saying that some of the ancillary industries or even big industries should be started in the rural sector. Why not some of these big hospitals, so that the city people will flow into the rural sector, instead of the rural people flowing into the city sector? This is very important step which may help the rural sector much more than what is being done today.

I have another point, but I will pass it on to the Ministry for consideration later as my time is up.

Dr. Atchamamba (Vijayawada): Next to food, health is the most important subject for any country and for any Government to deal with. That is why public health is considered a very important subject.

Dr. Sushila Nayar has already referred to the question of drainage. Places like Guntur are now having water supply. Formerly, the whole place used to be dry, very little of even drinking water was available, and so there was no problem of drainage. Once there is water supply, people naturally use plenty of it, and that means, without drainage pools are formed everywhere, and they become the breeding places of mosquitoes. Malaria, filaria and all these diseases come along with it.

Today Vijayawada is ridden with mosquitoes, malaria and filaria. Filaria was not there ten years ago, but now it is rampant. Of course, it has travelled from Vishakapatnam through the trains. If we calculate in terms of money the man-hours lost through the incidence of malaria, expenditure on medicines and doctors, decrease in expectation of life due to anaemia etc., in a place like Vijayawada for one

[Dr. Alchamamba]

year, it would come to twice the amount that we have to spend on drainage for that end. But we do not see this.

As a doctor, I have always said that in Vijayawada malaria has been my enemy, because every expectant mother and every woman after delivery is surely attacked by malaria. When she is pregnant, it is a very dangerous thing, because high fever leads to all sorts of complications in a pregnant mother both the child and mother are in danger. Water supply is the first thing that we have to look to. Even in the community development projects, I would say that water supply should be given priority over other things; they are thinking of constucting roads, and constructing hospitals and so on, but but I would say that they should look to water supply first than to anything else, because in each village, there are many surrounding hamlets, where there is practically no water at all. So, it is very essential that water supply must be attended to first. Of course, in the big towns, along with water supply, we have also to think of its twin system, namely drainage. Otherwise, though in one way we shall be helping the people by providing them with water supply which is very essential, yet in another way we shall be introducing new ways and means for the spread of infectious diseases.

This leads me on to infectious diseases. It is now nearly thirteen years since we attained Independence, but infectious diseases are still as rampant as they were at the very beginning. Of course, we have spent a lot of money and energy, and I know that the Health Ministry at the Centre and those in the States are very keen that these should be eradicated. But there seems to be something wrong somewhere because we still see that almost every town is faced with some infectious disease or the other. Only the other day I heard in Delhi that we must boil water before drinking, for, otherwise, there was the danger of cholera. Thus, in Delhi, right in the capital of this country. That does not speak well of our public health conception at all. Diseases like typhoid, small-pox, diarrhoeas, dysenteries etc. are all very common. In fact as a doctor, I would say this; whenever any lady comes and complains of some pain in any part of the body, first, I examine the faeces for dysentery, for, it is rampant everywhere. All these infectious diseases which I have mentioned are mainly water-borne diseases. Therefore, I think we have to reconsider what we are doing and planning, and review the whole thing very seriously. If we do not get rid of the infectious diseases at least within the next five years, I think we would have done practically nothing with regard to public health.

With regard to hospitals, I have to make one suggestion. The States are supposed to be independent in this matter of health and free from the control of the Centre in regard to their administration. At the Centre, the doctors in Government service cannot have private practice, and they get some compensation in lieu of it. That is very good. What I would say is that this must be followed even in the States. In the States, at present, private practice is allowed for the doctors, in Government service. The result is that the Government hospital—I am a doctor, and they are also doctors—are like the private nursing homes of the doctors employed in the Government hospitals. Every patient thinks that he may not be looked after properly, and goes to the doctors' house and has special private consultation and then gets admitted into the hospital. For all practical purposes, the amount of money and energy which the patient spends is much more than what he would have spent if he went to a private doctor. That means only rich people can afford even the so-called free Government hospitals; only rich people

can go there and get the proper treatment. If this sort of thing is to be avoided, then we must strictly lay it down that doctors in Government service should not have private practice.

In fact, all the doctors that come out of the colleges are today more inclined to go into private practice than join for Government service, because private practice is promising and they can get plenty of practice. Even in those places where there are huge Government hospitals, the private practitioners are thriving much more than in other places. This is because people are unwilling to go to a Government hospital because they feel that only the very rich people can get any treatment there; even if they have to get into debt, have to sell some of their jewels and forgo some of their comforts, they prefer to go to a private doctor for getting proper treatment or care. Really, if the Government hospitals function properly, and the patients who go there are given proper care and are satisfied, this sort of thing will not happen. In our country nearly 80 per cent of the people cannot afford the high cost of the medical treatment; they can afford neither the medicines nor the payment to the doctors. I know this personally. Often when I have told patients that they cannot afford the treatment, and that I would give a letter of recommendation and send them to the general hospital, they say, "No, that does not matter, please treat us here itself, we are prepared to pay whatever is necessary, we do not want to go to the general hospital, because there nobody would care for us." This sort of thing must be avoided. We are spending much money, and we want this money to be spent properly for the people who are really paying every pie of it. The Centre must find out some means of remedying this sort of situation. The Centre is giving grants to many of these hospitals. They must sit down with the State Governments and come to some conclusion whereby the States also should pursue the same policy which is being followed at the Centre, namely that the doctors employed by Government should not be allowed to have private practice at all. Of course, you may have to pay more to the doctors. I do not mind how much more you pay, but if the common man who cannot afford either the medicines or the bills of the private doctors should go to a hospital, he must get proper treatment there. Unless we ensure that, we shall be simply wasting the money, and would not be doing our bit at all for the common man who is really paying, and the millions of the people who are paying.

I now come to the question of doctors serving in the rural areas. Every doctor would be willing to go to a city or a town, but nobody would be willing to go to the villages, and be in charge of the hospitals in the rural areas. When we ask them the reason, they advance the cause of their children's education. That is a most important thing, and for that, facilities are available only in towns and not in the villages. I feel that the doctors must be paid a little more, and some more facilities also must be privided for them.

In most of the villages, there is not even a proper house for the doctor. He should be given a decent house, and his children's education also must be looked to. Their children may be kept in the hostels, or a little more may be paid to them for their children's education and so on.

Similarly, there should also be a periodical rotation of the doctors serving in the rural areas and in the towns. It must be made as a routine that every doctor who has had experience in Government service for ten years must spend at least two or three years in the rural areas. I am very sorry to say that some people who are favoured are not sent at all to the villages, while others who come out

[Dr. Atchamamba]

fresh from the colleges are sent to the villages, and they find it very difficult to manage, because their experience is very little; and when they go there for the first time, and they have to attend to emergency cases, they do not know what to do.

Especially, the women doctors who are sent to the villages have complained to me that they are alone in the villages and that they cannot also get any help from any experts or any experienced doctors. I think some sort of help or protection is very necessary for them in the villages. All these things have to be looked into, if we want that our doctors should serve in the rural areas. And it is very essential that they should serve in the rural areas, because there are hundreds of villages where within a radius of twenty or thirty or even fifty miles, you do not get any doctors at all.

I now come to medicines. Medicines are really very costly. When they used to come from foreign countries, there was the duty on them, and therefore, the cost of the medicines went up. But, now, many of the foreign companies are coming down to India and establishing their companies saying that they would produce all those medicines in this very country. Some of the Indian capitalists are hand in glove with them, and they are starting this business. If, as they have said, they are able to produce all these medicines here itself within five years it would be a very good thing. There are about three or four stages in which a medicine has to be produced. And what is done is this. A certain amount of foreign exchange is given for the purpose of getting machinery and establishing those factories for producing medicines here. What the foreign companies are doing is that two or three stages, which are the most important and costly stages, are completed in their own countries, and the last stage—one or two—which means putting the medicine in ampoules is done here. It was promised by them that in five years all the stages would be done here. But I am reliably informed that there are many companies—if I am wrong, I will be happy—which even today are in the same position as they were at the very beginning when they started. That means for another 10 or 15 years, we will have to go on paying very heavily for the finished product which will be more costly, because the most important stages are gone through abroad and only the final stage is done here. It is just like parts of cars being brought here and assembled. Assembly is not so costly or important; it is the production of the parts that is important. We have the same trouble with these medicines also. Government should look into this matter and see what is done. As for the capitalist partners, of course you cannot expect them to do anything in this regard; they are not medical men or scientists to go into these matters. If they get their profits, that is enough for them. So we in the Government have to look into these things very carefully and see what should be done.

With regard to children's hospitals, we have to have more such hospitals, because the care of the children is the most important thing basically for the country. I find, as Dr. Sushila Nayar also said, diptheria, which was never before so rampant here, prevailing here. In fact, it was said that it was a disease confined to foreign countries, cold countries. But now even in Vijayawada itself I find a number of cases, which never occurred 10 or 15 years ago. The incidence of this disease has been on the increase. With sufficient propaganda and preventive measures, we can avoid it. This should be done.

I had a lot to say. But I am sorry that my time is up.

श्री यादव नारायण जाधव (मालेगांव) : माननीय उपाध्यक्ष महोदय, मझे बोलने के लिये समय मिले यह कहने मैं स्पीकर साहब के पास गया था, तो स्पीकर साहब ने मुझ से पूछा कि क्या आप डाक्टर हैं। अभी तक मैं चार डाक्टरों को सुन चुका हूं जिन में से एक आयुर्वेदिक डाक्टर है और तीन एलोपैथिक। उन्हों ने हमारी हैल्थ मिनिस्ट्री के बारे में कुछ प्वाइंट सामने रखे लेकिन उससे मुझे खुशी नहीं हुई। डाक्टर को भी मरीज को क्या बीमारी है यह उस को पहले पूछना पड़ता है, उस के बाद मरीज का डाइगनोसिस होता है। तो मैं कुछ बातों को आप के सामने रखना चाहता हूं।

सब से बड़ा कदम जो हम ने हिन्दुस्तान में उठाया है, और जिस को सही तरीके से पहचानने की जरूरत है, यानी फैमिली प्लानिंग, उस के बारे में मैं ने किसी को भी कहते नहीं सुना। आज हिन्दुस्तान की आबादी देखते हुए . . . . .

उपाध्यक्ष महोदय : हर एक को खास मजमन में दिलचस्पी होती है।

श्री यादव नारायण जाधव : हिन्दुस्तान में ८० फीसदी से भी ज्यादा लोग देहातों में रहते हैं और आबादी बढ़ती चली जा रही है। साइंटिस्टों का कहना है कि सन् १९६१ तक हमारे यहां की आबादी ४३ करोड़ से भी ज्यादा हो जाएगी। हमारे देश में देहातों की एक बड़ी समस्या है। जब इंटेरिम मिनिस्ट्री बनी थी उस वक्त इसके बारे में पंडित जी ने जो कुछ कहा था वह मैं आपके सामने रखना चाहता हूं। और उसके बाद हमेशा हमारे सामने कहा जाता है कि हैल्थ मिनिस्ट्री से जिन बातों का सम्बन्ध है उनके सिवा दूसरी बातों की तरफ हैल्थ मिनिस्ट्री देख नहीं सकती। लेकिन भोर कमेटी ने जो अपनी रिपोर्ट दी थी उसके फोरवर्ड में पंडित जी ने जो कहा था उसकी तरफ मैं आपका ध्यान दिलाना चाहता हूं। उन्होंने कहा था :

> "I hope that the Central Health Ministry is the pivot round which all the major schemes for improving the standards of health of this nation revolve. All major schemes have necessarily to be sponsored and encouraged by the Central Ministry".

मैंने कहा कि हमारी देहातों की तरफ बहुत कम ध्यान दिया जाता है। इसके बारे में पंडित जी ने कहा है :

> "While our cities and towns require to be looked after much better than they are at present, it is really the village that has been terribly neglected and cries loudly for succour. Public helath must, therefore, go to the village and the village should not be compelled to come to the town in search of it".

अभी डा० मेलकोटे साहब ने कहा कि हमारी देहातों की तरफ हमारी हैल्थ के जो रक्षक हैं उन्हें जाना चाहिए। मैं भी इस बात को मानता हूं। आज हमारी मिनिस्ट्री का और प्लानिंग कमीशन का बीमारियों को रोकने के उपायों की तरफ बहुत ध्यान है। मैं जानता हूं कि जहां तक शहरों का सवाल है, जहां हम साउथ एवेन्यू में रहते हैं या जहां अन्य पार्लियामेंट के सदस्य रहते हैं, वहां आपको मच्छर नहीं मिलेंगे, लेकिन जब आप पुरानी दिल्ली में जाएंगे तो आपको बड़ी तादाद में मच्छर मिल सकते हैं। वैसे ही जहां बड़ी बड़ी म्यूनिसिपैलिटियां हैं और जहां उनका इन्तिजाम अच्छा है वहां मलेरिया हट गया है, लेकिन देहातों में हम जाएंगे तो बहुत बड़ी तादाद में हमको ऐसे लोग मिलेंगे जो कि मलेरिया के शिकार है। अभी भी देहातों में बहुत ज्यादा मलेरिया होता है। मैं इसके लिए धन्यवाद देता हूं कि मलेरिया को रोकने की कोशिश हो रही है। डी०डी०टी० का इस्तैमाल होता है,

[श्री यादव नारायण जाधव]

लेकिन अब तो मच्छरों ने उसको भी हज्म कर डाला है और हमको उनके लिए उससे भी तेज दवा ढूंढनी होगी।

मलेरिया के साथ साथ में यह भी कहना चाहता हूं कि बीमारियों को फैलाने में मक्खियां भी बहुत मदद करती हैं। इसके इरेडिकेशन के लिए भी हमको प्रयत्न करना पड़ेगा। मैंने सुना है कि चीन ने मक्खियों को खत्म कर दिया है, अब मक्खियों को खत्म करने के बाद वह हिन्दुस्तान के बारडर पर आ गए हैं यह बात छोड़ो। लेकिन हमें भी यहां मक्खियों को खत्म करना चाहिए ऐसा मैं कहना चाहता हूं।

मैं कह रहा था कि हिन्दुस्तान की ८०–८२ प्रतिशत आबादी देहात में रहती हैं। मैं कहना चाहता हूं कि उन लोगों को खाने को भी काफी नहीं मिलता है। जिसके कारण उनमें रोगों को रोकने की ताकत नहीं है। उनकी जो पर कैपीटा इनकम है वह इतनी कम है कि जिन्दगी की प्रारम्भिक आवश्यकता की चीजें खरीदने के बाद उनके पास बीमारी को रोकने के लिए कुछ बचता ही नहीं है। मैं देखता हूं कि उनके लिए कुछ साजोसामान नहीं है। न उनके लिए अस्पताल हैं। सब ने यह कहा है कि, पंडित जी ने भी कहा है और मैं भी कहता हूं। डा० मेलकोटे ने और दूसरे डाक्टरों ने भी यह कहा है। लेकिन मैं अपोजीशन का आदमी यह कहता हूं तो कहा जाएगा कि मैं नुक्ताचीन करता हूं और जब एक रूलिंग पार्टी का आदमी यह बात कहता है कि उसकी तारीफ की जाती है।

उपाध्यक्ष महोदय : आप इधर आकर कह दें।

श्री यादव नारायण जाधव : मैं ने यह पूछने की कोशिश की कि हमारे हिन्दुस्तान में जितने भी डाक्टर हैं उनकी तादाद देहातों में कितनी है और मेरे पास हर स्टेट के स्टटिस्टिक्स हैं, उनसे पता चलता है कि देहातों में डाक्टरों की तादाद बहुत कम है। हमने अपने सामने यह लक्ष्य रखा था कि दूसरी पंचवर्षीय योजना में हमारे यहां डाक्टरों की तादाद ६० हजार हो जानी चाहिए। लेकिन सन् १९५८ का जो फिगर है वह ऐसा बताता है कि करीब करीब ७८ हजार तक डाक्टर हिन्दुस्तान में हो गए हैं। दूसरी सैकिंड फाइव इयर प्लान को खत्म होने को कितना अरसा रह गया है यह आप लोग जानते ही हैं। मैं आपको कहना चाहता हूं कि देहातों में डाक्टरों की बहुत कमी है। बम्बई के फिगर मेरे पास हैं। उनमें कुछ गलती मालूम देती है। मैंने एक अनस्टार्ड सवाल पूछा था, उसके जवाब में जो स्टेटमेंट दिया गया है उससे मालूम होता है कि शहर में ११ लाख की आबादी के पीछे १ अच्छा डाक्टर है। यह फिगर मुझे गलत मालूम देता है। मिनिस्टर साहब इसको दुरुस्त करेंगे तो अच्छा होगा। देहात का फिगर जो दिया गया है वह सही मालूम देता है। बम्बई जैसे सूबे में जोकि इस बारे में बहुत आगे तरक्की कर चुका है देहात में १,५३,६३४ आदमियों के पीछे एक डाक्टर है। यह हमारा स्टैंडर्ड है, जब कि यू० के० में यानी यूनाइटेड किंगडम में एक हजार की आबादी के पीछे एक डाक्टर है और तीन सौ की आबादी के पीछे एक नर्स है। लेकिन यहां हम चाहते थे कि दूसरे प्लान तक कम से कम ६०,००० तक डाक्टर्स हम को मिलने चाहियें। इतने अधिक जो डाक्टर हम को चाहियें, वे कैसे मिल सकेंगे डाक्टर कम हैं, इस बात को प्लानिंग कमीशन ने भी महसूस किया है। जब उसमें भी इस बात को माना है तो डाक्टर अधिक तैयार किये जाने चाहियें, उनके लिए अधिक कालेजिज खोले जाने चाहियें। यह भी माना गया है कि इस काम के लिए जितनी कोशिश होनी चाहिये, नहीं हो रही है। यह भी कहा गया है कि जो कालेजज हैं, उनमें नाइट

शिफ्ट चलाई जानी चाहिये। इसके लिए भी कोई कदम उठाया नहीं गया है। मैं चाहता हूं कि वे जो सब चीजें हैं इनकी तरफ आपका ध्यान जाए।

14.00 hrs.

अभी डा० मेलकोटे साहब ने कहा है और मैं भी कहता हूं कि देहातों में जो अच्छे डाक्टर होते हैं, वे जाना नहीं चाहते हैं। वे कैसे वहां जा सकते हैं? आज जो डाक्टर बनते हैं, वे कौन बनते हैं। मैं पार्लियामेंट का मैम्बर हूं और साथ ही एक प्लीडर भी हूं लेकिन मैं आपको बतलाना चाहता हूं कि अगर मैं अपने लड़के को डाक्टरी की पढ़ाई दिलवाना चाहता हूं तो दिलवा नहीं सकता हूं। लड़कों को पढ़ाना इतना मंहगा हो चुका है, कि आम आदमी के वश की बात ही नहीं रही है। जो बड़े बड़े लोग हैं, जो रईस लोग हैं, उनके लड़के ही डाक्टरी शिक्षा हासिल कर कर सकते हैं। आज मैंने देखा है कि कालेजिज में प्रवेश पाने के लिए एक एक आदमी को बीस बीस हजार रुपये तक पगड़ी के तौर पर देने पड़ते हैं। मेरे जैसा आदमी जो वकालत करता है और पार्लियामेंट का मैम्बर भी है, अपने लड़के को डाक्टरी की पढ़ाई नहीं दिलवा सकता है तो किसान का लड़का या मजदूर का लड़का कैसे डाक्टर बन सकता है। जब रईसों के लड़के डाक्टरी पास करते हैं तो वे कैसे देहातों में रह सकते हैं। देहातों की आज जरूरत यह है कि वहां पर अच्छे डाक्टर जायें और वहां जा कर मानव-दर्शन करें और देखें कि लोगों का कैसा स्वास्थ्य है। इस वास्ते मैं कहना चाहता हूं कि ज्यादा से ज्यादा कालेज खोलने की आपको कोशिश करनी चाहिये।

आज डाक्टरी शिक्षा के लिए यह स्टैंडर्ड रखा गया है कि जो भी लड़का प्रवेश पाना चाहे उसको इंटर साइंस में फर्स्ट क्लास हासिल होनी चाहियें. बहुत अच्छे मार्क्स उसको मिले हुए होने चाहिये और जब ऐसा होगा तभी उसको प्रवेश मिल सकता है। आप देखें तो आपको पता चलेगा कि देहात में रहने वाला लड़का सुबह जब उठता है तभी से उसको गालियां सुनने को मिलनी शुरू हो जाती हैं, अंग्रेजी का लफ्ज सुनने को उसे नहीं मिलता है। अब उससे आप यह आशा करते हैं कि जब वह स्कूल जाय तो वहां पर वह अंग्रेजी में माहिर हो जाए। आप ख्याल करें कि यह कैसे हो सकता है। लेकिन यह बात जरूर है कि उसको बुनियादी तौर पर कुछ तो तालीम होनी चाहिये। इंटरमिडिएट साइंस तक उसको पढ़ना चाहिये। देहात में रहने वाला, ताल्लुका प्लेस में रहने वाला जो आदमी होता है उसके दिल में भी यह उमंग होती है कि वह डाक्टर बने, समाज की सेवा करे, लेकिन अपनी इस उमंग को पूरा करने के लिए वह पैसा कहां से लाएगा? अगर यू० के० में यह रखा गया है कि एक हजार आदमियों के पीछे एक डाक्टर हो, तो क्या यह चीज हिन्दुस्तान पर लागू नहीं होती है, क्या हिन्दुस्तान में यू० के० से अधिक बीमारी नहीं होती है, क्या यहां पर लोग अधिक संख्या में बीमार नहीं पड़ते हैं। अगर ये बातें सही हैं तो इस चीज को आपको भी करना पड़ेगा।

आपने एक टारगेट रखा था कि हिन्दुस्तान में ६०,००० नर्सिस चाहियें। राष्ट्रपति जी ने अपने भाषण में इस साल और पिछले साल भी कहा था कि हमारे देश में नर्सिस की बहुत जरूरत है और ज्यादा तादाद में नर्सिस बनने के लिए बहनों को आगे आना चाहिये। पी० ए० सी० का सदस्य होने के नाते मैं पब्लिक अंडरटेकिंग्ज में गया हूं और मैंने वहां पूछा है कि अस्पतालों की क्या हालत है और मुझे बताया गया है कि नर्सिस नहीं हैं। एक जगह तो मुझे यह बताया गया कि नर्सिस के लिए हमें कई जगह जाना पड़ा है। एडवर्टिजमेंट से कुछ नहीं हुआ है। मैं केरल की बहनों को धन्यवाद देना चाहता हूं कि सब से ज्यादा तादाद में वे नर्सिस बनने के लिए आगे आई हैं। वहां पर पढ़ाई भी बहुत ज्यादा है। यहां पर इंडियन अस्पतालों में

[श्री यादव नारायण जाधव]

मैंने देखा है कि जो हैड नर्स है वह भी केरल की है।

उपाध्यक्ष महोदय : नर्सिस के लिए जरूरी नहीं है कि बहनें ही आगे आयें, भाई भी आ सकते हैं।

श्री यादव नारायण जाधव : लेकिन इसके लिए जो कुछ किया जाना चाहिये वह किया नहीं जा रहा है। नर्सिस का जो स्टैंडर्ड मोर कमेटी ने रखा है वह ५०० के पीछे एक का रखा है। अगर हम अपनी आबादी को इस वक्त की या अगले साल की, चालीस करोड़ लगायें और उसके लिये ५०० के पीछे एक नर्स रखे तो हमें ८ लाख नर्सेस चाहियें। अब आप देखें कि हिन्दुस्तान में कितनी नर्सेस हैं। हमारे पास इस वक्त २७,००० से भी कम नर्सेस है। यह कहा गया कि दूसरे प्लान के खत्म होने तक हमारे पास ६०,००० नर्सिस होनी चाहियें लेकिन आज हमारे पास —मैं १९५७ की फिगर दे रहा हूं— २६,७४० नर्सिस हैं। जहां तक मिडवाइफज का ताल्लुक है १९५७ की फिगर यह है कि हमारे पास ३१,००० मिडवाइव्ज थीं। जहां तक दाइयों का सम्बन्ध है, उसके लिये भी कहा गया है कि कोशिश चल रही है। इन सब की जरूरत होते हुये दूसरे प्लान में प्लानिंग कमिशन ने साज सामान इत्यादि के लिये पैसा रखा था, और जो रकम मंजूर की थी वह कम नहीं थी लेकिन जो लक्ष्य होना चाहिये वह बहुत बड़ा होना चाहिये था। जो कुछ किया गया है उसके लिये तो मैं धन्यवाद देता हूं लेकिन जो कुछ किया गया है वह बहुत कम किया गया है। मैं तो यह कहूँगा कि दरिया में एक बूंद जैसा काम किया गया है। मैं चाहता हूं कि तीसरे प्लान में इसके लिये बहुत कुछ होना चाहिये क्यों कि हमारी जरूरतें बहुत बढ़ जाने वाली हैं। नर्सिस के लिये अधिक से अधिक पढ़ाई का बन्दोबस्त होना चाहिये। डिस्ट्रिक्ट प्लेसिस में मैं जानता हूँ कि नर्सिस के रहने के लिये होस्टल नहीं है, पढ़ाई का बन्दोबस्त नहीं है। जो स्टैंडर्ड रखा जाये वह हिन्दुस्तान के लिये एकसा होना चाहिये। मैं जानता हूँ कि मैट्रिक तक अंग्रेजी जानने वाली और पढ़ी लिखी जो भाग्यशाली औरतें होंगी, उन्हीं को वहां प्रवेश आज मिलता है। मैं चाहता हूँ कि स्टैन्डर्ड इससे भी कम रखा जाना चाहिये। उनको अंग्रेजी का प्रारम्भिक ज्ञान होना चाहिये और नवीं या दसवीं तक अगर वे शिक्षा प्राप्त किये हुये हों तो उनको प्रवेश देने में कोई कठिनाई नहीं होनी चाहिये। शिक्षण लेते वक्त उनके ऊपर एक यह भी जिम्मेदारी रहती है कि जो तीन साल का कोर्स होता है, उसमें वे शादी नहीं कर सकती हैं। बहुत से ऐसे इंस्टेंसिस देखने में आये हैं कि एक साल पूरा कर लेने के बाद अगर वे शादी कर लेती हैं तो उनको पढ़ाई छोड़ देनी पड़ी है। शादी का जहां तक ताल्लुक है वह जिन्दगी की सबसे ऊंची चीज है और उसके बारे में मां बाप को जितनी तकलीफ का सामना करना पड़ता है, उसको आप सब जानते हैं। एक साल के बाद भी या दो साल के बाद भी उनको ट्रेनिंग की को खत्म करना पड़ा है। मैं समझता हूँ कि शादी के बाद जहां भी वे चली जाती हैं वहां पर अगर कोई इंतिजाम ट्रेनिंग का है तो वहां पर अगर उनको प्रवेश मिल जाये तो बहुत सी पढ़ी लिखी लड़कियां आगे आ सकती हैं और ट्रेनिंग हासिल कर सकती हैं।

नर्सिस की ट्रेनिंग के लिये भी उनका इतना अधिक खर्चा होता है कि सामान्य कुटुम्ब उसको बरदास्त नहीं कर सकता है। पहले तो उनको १०० रुपये से अधिक छः इमेस के लिये खर्च करने पड़ते हैं। फिर सेंटर सैकिड हैंड घड़ी लेनी पड़ती है, फिर थर्मामीटर लेना पड़ता है और इस तरह की दूसरी चीजें लेनी पड़ती हैं। एक किसान की या मजदूर की या क्लर्क की लड़की

अगर हो तो वह इतना खर्च नहीं कर सकती है, उसके लिये इतना खर्च करना बड़ा मुश्किल हो जाता है। मैं चाहता हूं कि शुरू में इन सब चीजों के लिये सरकार की तरफ से उनको पैसा मिलना चाहिये। आहिस्ता आहिस्ता उनको स्टाइपेंड्स मिलने शुरू होते हैं, क्लोदिंग के लिये, सफाई के लिय तथा दूसरे कामों के लिये। यदि पैसा उनको पहले पहल दिया जाय वह अगर बाद में धीरे धीरे वापिस लिया जाये तो बहुत सी लड़कियां आगे आ सकती हैं। इस वास्ते मैं चाहता हूं कि इस पर विचार किया जाये और साथ ही साथ ज्यादा से ज्यादा ट्रेनिंग सैंटर खोलने का प्रबन्ध किया जाये। अगर हम ट्रेनिंग सैन्टर खोलते हैं तो ट्यूटर सिस्टर्स की बहुत जरूरत होगी। इसके लिये हमने एक कालेज दिल्ली में खोला है लेकिन एक कालेज से कुछ नहीं हो सकता है। मैं चाहता हूं कि और अधिक कालेज खुलें और हर स्टेट में ऐसे कालेज खुलें ताकि लड़कियां आगे आकर ट्रेनिंग हासिल कर सकें। नर्सिंग का जो बी० एस० सी० का डिप्लोमा है, उसको लेने के लिये बहुत सी लड़कियां आगे आ सकती हैं। अगर हम पढ़ाई का और भी अधिक बन्दोबस्त कर सकते हैं और ऐसी परिस्थितियों का निर्माण कर सकते हैं जिनमें कि देहाती लोग आगे आकर ट्रेनिंग लें, तो वे आगे आ सकते हैं और ट्रेनिंग के बाद देहातों में रह कर काम कर सकते हैं। इतना कहने के बाद मैं वह बात कहना चाहता हूं कि जिस के बारे में और लोगों ने नहीं कहा, और वह है फैमिली प्लेनिंग के बारे में। हमारे वेदों में भी कहा गया है इस के बारे में लेकिन वेदों का बहुत समय हो गया है और बहुत पुरानी बात हो गई है, फिर भी उस में कहा गया है कि एक आदमी के १० से ज्यादा बच्चे नहीं होने चाहियें। मैं कहना चाहता हूं कि अब हम बहुत आगे बढ़ चुके हैं। मैं तो यह मानता हूं कि एक आदमी के ३ या ४ बच्चों से ज्यादा नहीं होने चाहियें। और इस के लिये हमें काफी कोशिश करनी पड़ेगी।

मैं ने एक दफा सवाल पूछा था माननीय हैल्थ मिनिस्टर साहब से कि ओरल कंट्रासेप्टिव्ज के बारे में क्या हुआ है। उन्हों ने कहा कि काफी प्रगति हो रही है। कलकत्ते में इस के लिये बहुत कोशिश की जा रही है और उस में हम कामयाब हुए हैं। उन्हों ने मजाक में यह भी कहा कि अगर माननीय सदस्य को उस की जरूरत हो तो व उस को भी दे सकते हैं। मैं उस दिन उन को जवाब नहीं दे सका था। मैं कहना चाहता हूं कि उन्हों ने जो दूसरी कोशिश अस्पतालों में स्टेरिलाइजेशन की शुरू की है, उस को उन्हें और भी ज्यादा करना चाहिये। आज लोगों को स्टेरिलाइजेशन के बारे में बहुत गलतफहमियां हैं। कहा जाता है कि स्टेरिलाइजेशन के बाद आदमी बहुत कमजोर हो जाता है, कभी कभी उन के दिमाग पर भी उस का असर होता है। इसलिये उन से यह बात कहनी चाहिये कि ऐसा नहीं है। हमारी बहनों ने बहुत स्टेरिलाइजेशन कराया है। आप ने जो फिगर्स दिये हैं वे मैं देख चुका हूं। अब तक ७०,००० से ज्यादा लोगों ने स्टेरिलाइजेशन करा लिया है। लेकिन ऐसा कराने में लोगों को बहुत दिक्कतें आती हैं। आंर तो छोड़िये, मेरे जैसे पोलिटिकल वर्कर को भी बहुत तकलीफ होती है। मैं डाक्टर के पास जाता हूं तो वह कहता है कि ५० रु० देने होंगे, १०० रु० देने होंगे : इस के लिये एक गरीब आदमी को बहुत मुश्किल होती है। जैसे आप ने कंट्रासेप्टिव्ज के बारे में बन्दोबस्त करना शुरू कर दिया है उसी तरह से स्टेरिलाइजेशन के बारे में मैं भी कहना चाहूंगा कि जहां म्युनिसिपल कारपोरेशन्स हैं, बड़े बड़े हास्पिटल्स हैं, यदि उन में भी फैसिलिटी स्टेरिलाइजेशन की हो जाय तो बहुत से आदमी आगे आ जायेंगे।

आज मैं ने टाइम्स आफ इंडिया में जो समाचार पढ़ा है उसे पढ़ कर मुझे बड़ा दुःख हुआ है। एक मां के, जोकि मुकुन्दा की

[श्री यादव नारायण जाधव]

थी, चार बच्चे थे। उन को वह पाल पोस नहीं सकती थी इसलिये दो बच्चों को यमुना ब्रिज के ऊपर से यमुना नदी में फैंक दिया। बच्चे बच गये। उस से पूछा गया कि क्या बात है ? उस ने कहा कि चार बच्चे हैं, मैं चारों को खिला नहीं सकती। उन के खाने के लिये मेरे पास नहीं है। वे रोते हैं और चूंकि उस वक्त उन को मैं खाने के लिये नहीं दे सकती इसलिये मैं ने दो बच्चों को खत्म करने के लिये पानी में फैंक दिया। यह हमारे देश की तस्वीर है। ऐसी बातें होती हैं हिन्दुस्तान जैसे देश में तो हमें देखना पड़ेगा कि इस का क्या प्रबन्ध करना होगा। मैं आप से फैमिली प्लैनिंग के बारे में कह रहा था कि आज आदमियों के पास इतना पैसा नहीं है कि वे स्टेरिलाइजेशन के द्वारा या कंट्रासेप्टिव्ज के द्वारा फैमिली प्लैनिंग कर सकें। आज इस के बारे में लोगों को बहुत मुश्किल हो गई है।

फैमिली प्लैनिंग के बारे में बतलाया गया था कि हम अपने देश के गांवों में और शहरों में फैमिली प्लैनिंग के क्लिनिक्स खोलना चाहते हैं। कहा गया था कि २,००० सेन्टर्स रूरल एरिया में खोलना चाहते हैं और ५०० सेन्टर्स अरबन एरियाज में। सेकन्ड फाइव इयर प्लान के आखीर तक हम को इतने सेन्टर्स खोल लेने थे। लेकिन कितने खुल पाये हैं। दुर्भाग्य से देहातों में अब तक केवल ७०० सेन्टर्स खुल सके हैं। मैं नहीं समझ पाता हूं कि देश का क्या होने वाला है। जिस हिन्दुस्तान की आबादी पांच साढ़े पांच लाख गांवों में पड़ी है, वहां पर २,००० सेन्टर्स से क्या होगा ? इस देश की आवश्यता है कि बच्चे तो प्रभु की देन हैं, उन को कम करना पाप है। इस के लिये कुछ प्रचार की जरूरत है। अगर उन को हम लोग यह बात समझा सकें तो मैं समझता हूं कि इस का पूरी तरह असर होगा। ज्यादा बच्चों को पालना मुश्किल होता है, इसलिये संयम रखना चाहिये। हमारे बाप दादा कहते थे कि संयम रक्खो। संयम से अगर बच्चे कम कर सको तो देश के लिये यह बात अच्छी होगी, देश के लिये एक अच्छा कदम उठेगा। इस के बारे में भी हमें कोशिश करनी चाहिये।

इस के बाद मैं आयुर्वेद के बारे में कुछ कहना चाहता हूं।

उपाध्यक्ष महोदय : समय के बारे में भी तो संयम चाहिये।

श्री यादव नारायण जाधव : जब आप ने इस की चेतावनी दे दी है तो समय का का संयम तो हो गया। बहरहाल आयुर्वेद के बारे में काफी कहा गया है। हमारे माननीय सदस्य श्री सातक ने कहा कि ऐलोपैथिक तो एक ऐडाप्टेड चाइल्ड जैसी है। मैं समझता हूं कि अगर कोई कला अच्छी है तो भले ही वह बाहर की हो,

Mr. Deputy-Speaker: Shri Vajpayee.

Shri Kushwaqt Rai (Kheri): Sir, on a point of order, when the Demands for a certain Ministry are being discussed, is it permissible for the Minister to go out?

Mr. Deputy-Speaker: Unless there are compulsions of nature..... (*Interruptions*).

Some Hon. Members rose—

Mr. Deputy-Speaker: I am coming to Shri Abdul Lateef and Pandit Bhargava.

श्री वाजपेयी : उपाध्यक्ष महोदय, स्वास्थ्य मंत्रालय के अनुदान की मांगों पर विचार करते समय यह स्वाभाविक है कि हम देश में स्वास्थ्य को कमी के जो कारण हैं और उन के निराकरण के लिये जो अपर्याप्त सुविधायें हैं उन का विचार करें। भारत,

वस्त्र और निवास के पश्चात् रोग की चिकित्सा की व्यवस्था अत्यन्त आवश्यक है। हमारे ऋषि मुनियों ने ऐसे भारत की कल्पना की थी जिस में सभी निरोग होंगे।

"सर्वे सन्तु निरामया"

यह कह कर उन्होंने इसी स्थिति की ओर संकेत किया था। आज तो इन बातों की कहने को मेरे पास समय नहीं है, किन्तु इस दिशा में जो प्रगति होनी चाहिये थी वह सन्तोषजनक नहीं है, और आज भी चिकित्सा की सुविधायें बहुत सीमित हैं। केवल गांवों में नहीं, नगरों में भी सर्वसाधारण के लिये अच्छी से अच्छी चिकित्सा प्राप्त करना अभी सम्भव नहीं हो सका है। यदि हम दिल्ली का ही विचार करें और केवल तपेदिक सम्बन्धी आंकड़ों को देखें तो हमें पता लगेगा कि कम से कम दिल्ली में २५ हजार मरीज ऐसे हैं जो तपेदिक की बीमारी से पीड़ित है। लेकिन अस्पतालों में केवल १२०० बिस्तरों की व्यवस्था है। कितनी कमी है, इस का सहज में ही अनुमान लगाया जा सकता है। भारत की राजधानी में भी जब हम यह सुविधायें नहीं दे सके, और इतना ही नहीं जो तपेदिक से पीड़ित २५ हजार रोगी हैं हम उन्हें अलग भी नहीं कर सके, वे बस्तियां के बीच में रहते हैं, और रोग को फैलाते हैं, उन की बिस्तर देना तो दूर रहा, अभी उन्हें पृथक करने का काम भी नहीं किया जा सका है और मैं समझता हूं कि इस दिशा में कितना करने के लिये कदम उठाया गया है इस का हमें थोड़ा सा संकेत मिलता है।

दिल्ली की जब मैं ने चर्चा की तो एक बात और भी कह दूं कि दिल्ली में अनेक अस्पताल हैं, लेकिन उन की कोई केन्द्र स्थित व्यवस्था नहीं है। कुछ अस्पताल ऐसे हैं जिन का केन्द्रीय सरकार से सीधा सम्बन्ध है, कुछ ऐसे हैं जिन को दिल्ली का प्रशासन चलाता है और कुछ दिल्ली नगर निगम के कार्य क्षेत्र के अन्तर्गत आते हैं। व्यवस्था का केन्द्रीयकरण न होने के कारण इन अस्पतालों से दिल्ली की जनता को जो लाभ होना चाहिए था वह अभी तक नहीं हो पाया है। मैं यह आशा करूंगा कि इन सभी अस्पतालों का प्रबन्ध एक स्थान से हो सके, इस प्रकार की व्यवस्था की जानी चाहिए।

दिल्ली में कैंसर के उपचार के लिए एक अस्पताल बनाया गया है। मैं समझता हूं कि यह सही दिशा में एक पग है। जो उस अस्पताल का संचालन कर रहे हैं उन्हें शिकायत है कि इस सम्बन्ध में जो धनराशि दी गई है वह पर्याप्त नहीं है। उसमें थोड़ी वृद्धि की जानी चाहिए।

रोग की चिकित्सा से भी अधिक महत्व जिस बात पर दिया जाना आवश्यक है वह यह है कि हम ऐसी परिस्थितियां पैदा करें जिनमें कि रोग उत्पन्न न हो और मुझे यह कहते हुए खेद होता है कि हमारा स्वास्थ्य मंत्रालय इस पहलू की ओर ध्यान देने में पूर्णतया असफल रहा है। बीमारी फैले और उसका निराकरण किया जाय यह तो आवश्यक है ही मगर उस से भी महत्व की बात यह है कि बीमारियों को फैलने न दिया जाय और इस दृष्टि से अभी तक स्वास्थ्य की समस्या पर विचार नहीं हुआ। हम डाक्टरों की संख्या गिनते हैं जो कि देश की आबादी की तुलना में अभी पूरी नहीं है और कभी पूरी हो सकेगी निकट भविष्य में ऐसी सम्भावना दिखाई नहीं देती। चिकित्सा की सुविधाएं भी अपर्याप्त हैं। गांवों में डाक्टर नहीं हैं। जो डाक्टर हैं भी वे जाना नहीं चाहते और इसलिए अगर हम रोगों की रोकथाम पर ही केवल ध्यान देंगे तो मैं समझता हूं कि यह ऐसी दौड़ है जिसमें अपने सीमितसाधनों को देखते हुए हमारी सरकार पूरी तरह सफल नहीं हो सकती। इसलिए रोगों की रोकथाम के साथ साथ इस बात का भी प्रयत्न होना चाहिए कि रोग उत्पन्न न होने दिये जायें और इस दृष्टि से जो खाने पीने

[श्री वाजपेयी]

की चीजें हैं उन में मिलावट को रोकना बहुत जरूरी है। यहां केन्द्रीय सरकार की नाक के नीचे दिल्ली में जिस तरह की मिलावट हो रही है खान पान की चीजों में उसके बारे में वर्णन करने का यह समय नहीं है लेकिन हर एक चीज में मिलावट हो रही है और वह वस्तुएं आहार के रूप में हमारे शरीर में प्रवेश कर रही हैं। अब हम डाक्टरों की कितनी ही संख्या बढ़ायें, चिकित्सा की कितनी ही सुविधाएं क्यों न बढ़ायें लेकिन यदि खान पान की चीजों में मिलावट को नहीं रोक सकते तो बीमारियों को फैलने से रोकना अगर असम्भव नहीं तो मुश्किल जरूर है।

इस सम्बन्ध में जो गांवों में पीने के पानी की व्यवस्था का भार सरकार के उपर है उस की थोड़ी सी चर्चा करना चाहता हूं। इस रिपोर्ट में केन्द्रीय सरकार की भी एक योजना का उल्लेख है जिसके कि अन्तर्गत गांवों में पीने के पानी की व्यवस्था की जाती है। इसके साथ तीन और भी कार्यक्रम चलते हैं। एक कम्युनिटी डेवलपमेंट ब्लाक के अन्तर्गत पीने के पानी की व्यवस्था होती है। लोकल डेवलपमेंट वर्क्स भी चलते हैं जो गांव आदि के लिए इंतजाम करते हैं और चौथे गृह मंत्रालय हमारे अनुसूचित और आदिवासी जाति के बंधुओं के लिए जो आर्थिक सहायता देता है उसके अन्तर्गत भी पीने के पानी का इंतजाम किया जाता है लेकिन मुझे ऐसा लगता है कि उन चारों योजनाओं में कोई समन्वय नहीं है और यद्यपि इस के लिए कुल मिला कर ५०-६० करोड़ रुपया पहली और दूसरी योजना में रखा गया था किन्तु अभी भी हजारों गांव ऐसे हैं जहां कि पीने के लिए शुद्ध पानी नहीं मिल सकता। योजना आयोग से पूछा गया था कि क्या उन के पास ऐसे गांवों की संख्या है जहां के निवासियों को पीने के लिए शुद्ध पानी नहीं मिलता तो योजना आयोग इस प्रकार के आंकड़े नहीं दे सका। केन्द्रीय सरकार के पास भी इस तरह के आंकड़े नहीं हैं। हम विकास की बड़ी योजनाएं बना रहे हैं लेकिन गांव वालों के लिए पीने का शुद्ध पानी या प्राथमिक आवश्यकता है जिसके कि ऊपर रोगों की रोकथाम बहुत हद तक निर्भर करती है। इस दिशा में अभी तक वांछनीय प्रगति नहीं की जा सकी है। सन् १९५१ की जनगणना के अनुसार ५ लाख ५० हजार गांव थे। सन् १९४६ में एक हेल्थ सर्वे एंड डेवलपमेंट कमेटी बनाई और सन् १९४९ में एनवायरेनमेंट्ल हाईजोन कमेटी बनी थी लेकिन आम सिफारिशें करने के अलावा इस सम्बन्ध में कोई ठोस योजना अपनाई जाये इसका उन्होंने विचार नहीं किया।

हमारा स्वास्थ्य मंत्रालय पीने के पानी के सम्बन्ध में जो रुपया देता है उस के सम्बन्ध में मेरा निवेदन यह है कि जहां कहीं पीने का पानी नल से दिया जाता है तब तो वह रुपया काम में आ सकता है लेकिन यदि उसी रुपये से ग्रामवासी कुंआ खोदना चाहें तो उसके लिए उन्हें यह रुपया नहीं दिया जायेगा। दिल्ली के पास का ही एक मामला है जिसे कि प्रधान मंत्री जी के ध्यान में लाया गया था कि ग्रामवासी पीने के पानी की व्यवस्था के लिए कुंएं के निर्माण में रुपया चाहते थे मगर स्वास्थ्य मंत्रालय ने कहा कि यह रुपया तो केवल उन गांवों के लिए है जहां कि नल से पानी जाता है और अगर ग्रामवासी कुंएं के लिए रुपया चाहता हैं तो हमारे पास रुपया नहीं है। मैं समझता हूं कि यह बड़ी विचित्र स्थिति है। अगर आप सब जगह नल से पानी पहुंचा सकें तो यह बड़ी अच्छी बात है और उसका स्वागत किया जायेगा। लेकिन अगर आप के साधन इतने सीमित हैं कि सब जगह नल के पानी की व्यवस्था नहीं कर सकते तो कम से कम जो रुपया आप के पास है और जो पड़ा हुआ है उसे तो कुएं खोदने के लिए दें। पंचवर्षीय योजनाओं के अन्तर्गत अनेक गांवों में शुद्ध पीने के पानी की व्यवस्था के लिए जो रकम रक्खी गई

थी वह खर्च नहीं की गई। कम्यूनिटी डेवेलपमेंट में भी और गृह मंत्रालय के अन्तर्गत भी अनुसूचित बंधुओं के लिए जितनी धन-राशि रक्खी गई थी उसमें से बहुत थोड़ा हिस्सा खर्च किया गया और अभी हजारों गांव ऐसे हैं जहां कि पीने के पानी की व्यवस्था नहीं है। राजस्थान सरकार ने हमारे माननीय सदस्य श्री हरिश्चन्द्र माथुर की अध्यक्षता में एक कमेटी कायम की थी इस बात के विचार के लिए कि राजस्थान के गांवों में पीने के पानी का कितना अभाव है और उसे किस प्रकार पूरा किया जा सकता है। मैं समझता हूं कि इस तरह की समितियां सभी राज्यों में कायम की जानी चाहिएं और स्वास्थ्य मंत्रालय को इस सम्बन्ध में पहले करनी चाहिए। गांव में पीने के शुद्ध जल की व्यवस्था को प्राथमिकता देनी चाहिए और यह लक्ष्य बनाना चाहिए कि तृतीय पंचवर्षीय योजना के अन्तर्गत हम भारत के प्रत्येक गांव में शुद्ध पीने के जल की व्यवस्था कर सकेंगे।

उपाध्यक्ष महोदय, गृह-मंत्रालय जो कि दिल्ली में मास्टर प्लान बनाने के लिए उत्तरदायी है, उस मंत्रालय की रिपोर्ट में भी इसका थोड़ा सा उल्लेख किया गया है। अनेक वर्षों से हम इस मास्टर प्लान की चर्चा सुन रहे हैं। लेकिन अभी तक वह मास्टर प्लान जनता के सामने नहीं आया है। दिल्ली का किस तरह से भावी विकास किया जायेगा इस की कोई निश्चित रूपरेखा केन्द्रीय सरकार के सामने है ऐसा मुझे नहीं लगता। प्रतिवर्ष दिल्ली में एक लाख जनसंख्या की वृद्धि हो रही है और उस के अनुपात में हमें मकानों की आवश्यकता है। लेकिन अभी दिल्ली में जो ३४ हजार वर्ग एकड़ भूमि सरकार ने हस्तगत कर ली है उसका एक इतना असर तो अवश्य हुआ है कि मकानों का निर्माण बंद हो गया है। सरकार द्वारा दिल्ली में मकान बनाये जाने के बजाय एक ऐसा कदम उठाया गया है जिससे कि मकानों का बनना रुक गया है। अब सरकार ने जो भूमि हस्तगत करके अपने हाथ में ली है उसका वह किस तरीके से विकास करेगी, यह बताना चाहिए। अनुमान लगाया गया है कि भूमि के विकास के लिए कम से कम तीन सौ करोड़ रुपया चाहिए। क्या केन्द्रीय सरकार दिल्ली के विकास के लिए इतना रुपया देने को तैयार है, और अगर सरकार उस सारी जमीन का विकास नहीं कर सकती जो कि उसने ली है तो इतनी सारी जमीन लेने का मतलब क्या है, यह मैं जानना चाहता हूं। जो मकान बन रहे थे उनका बनना रुक गया और दिल्ली में मकानों की आवश्यकता है। इसलिए मेरा निवेदन यह है कि सरकार जो भी योजना बनाना चाहती है उसको जल्दी बनाए और जनता के सामने रखे। इस तरह के आरोप लगाए गए हैं कि वह योजना सरकारी दफ्तर की फाइलों में बदलता रहा है। इस मास्टर प्लान के अन्तर्गत पहले जो एरिया ग्रीन बैल्ट के रूप में बताया गया था, बाद में उसे रेजीडेंशियल कर दिया गया और उसमें कुछ लोगों ने जो दिल्ली में मकानों का धन्धा करते हैं और जो दिल्ली में ऊंचे ऊंचे आसनों पर विराजमान हैं, कहा जाता है उन्होंने लाखों की कमाई की है, क्यों कि ग्रीन बैल्ट सस्ते दामों में खरीदा गया और जब उसको रेजीडेंशियल एरिया में बदला गया तो उसको महंगे दामों पर बेचा जाएगा।

दिल्ली लैंड फाइनेन्स नाम से एक संस्था काम करती है। मैं चाहता हूं कि उसकी गतिविधियों की जांच की जाये कि पिछले वर्षों में उसने दिल्ली में कितनी जमीन खरीदी है और उसको किस तरह से बेचा है। दिल्ली में जो कालोनाइजर हैं उन्होंने सस्ते दामों पर जमीन खरीद ली और जो अबोध लोग थे, जिन्हें मकानों की आवश्यकता थी, जो जमीन के लिए लालायित थे, उन को महंगे दामों पर बेच दी। और जिन्होंने वह जमीन खरीदी उन्हें सजा भुगतनी पड़ रही है। कालोनाइजर तो सस्ते दाम पर खरीद कर और महंगे दाम पर बेच कर अलग हो गये लेकिन जिन लोगों ने वह जमीन खरीदी थी उनकी जमीन सरकार के हाथों में चली गयी।

उपाध्यक्ष महोदय : उन में एक मैं भी हूं।

श्री वाजपेयी : तब तो म समझता हूं कि स्वास्थ्य मंत्री जी इस पर गम्भीरता से विचार करेंगे ।

यह जो भूमि हस्तगत की गयी है, इस में कुछ ऐसी भी बस्तियां हैं जो या तो दिल्ली नगर निगम द्वारा स्वीकृत हो चुकी हैं, या जिन को दिल्ली डेवेलपमेंट आथारिटी ने स्वीकृत किया था या जिनका ले आउट शाहदरा या अन्य लोकल बाडीज ने स्वीकृत किया था, ऐसी भूमियों को भी हस्तगत कर लिया गया है। मैं जानना चाहता हूं कि इन बस्तियों का क्या भविष्य होगा । जो मकान बन गये है क्या उन को गिराया जायेगा ? जो लोग बस गये है क्या उनको उखाड़ा जायेगा । क्या जिन बस्तियों को किसी भी स्थानीय संस्था द्वारा, जिन में नगर निगम और विकास आथारिटी शामिल हैं, स्वीकृति मिल चुकी है, उनको भी उजाड़ा जायेगा ? इस सम्बन्ध में केन्द्रीय सरकार मौन धारण किये हुए बैठी है और इस कारण लोगों के मन में तरह तरह की आशंकायें पैदा हो रही हैं, वह सोचते हैं कि क्या उनके मकान ढाहे जायेंगे, क्या उनको उजाड़ा जायेगा । मैं स्वास्थ्य मंत्री जी से प्रार्थना करूंगा कि इस अवसर पर लाभ उठा कर इस सम्बन्ध में जनता के मन में जो आशंकायें है उनका निराकरण करने का प्रयत्न करें ।

हमारी सरकार ने भारतीय चिकित्सा पद्धति के प्रति जो नीति अपनायी है, मैं समझता हूं वह बड़ी खेदजनक है । ऐलोपैथी आधुनिक विज्ञान है, वह प्रगति करे, और भारतीय जनता के रोगों के निवारण में काम में आये, इस में किसी को मतभेद नहीं है । मगर हम कितना भी प्रयत्न करें, हम देश के प्रत्येक नागरिक के लिए ऐलोपैथी की चिकित्सा की व्यवस्था नहीं कर सकते । वह ठीक है या नहीं, मैं इस प्रश्न में नहीं जाना चाहता, यद्यपि इस पर भी बहुत मतभेद है । लेकिन अगर हम एक क्षण के लिए मान भी लें कि सब के लिए वह सुविधा मिलनी चाहिए, तो क्या हम वैसा कर सकते हैं । भारत की मिट्टी में उत्पन्न हुआ, भारत की जलवायु में पला जो व्यक्ति है, वह भारतीय चिकित्सा पद्धति से जितनी जल्दी और स्थायी रूप से रोग के कष्ट से मुक्त हो सकता है, मैं समझता हूं उतना ऐलोपैथी के द्वारा नहीं हो सकता । ऐलोपैथी रोग को दबाती है, मगर रोग का निर्मूलन नहीं करती । इसके विपरीत आयर्वेद तो जीवन का विज्ञान है । वह केवल रोग का निवारण नहीं करता बल्कि रोग पैदा न हो ऐसी शिक्षा देता है । लेकिन इस विषय में अभी तक सरकार की नीति निर्धारित नहीं हो पायी है । अनेक कमेटियां बन चुकी हैं । उनकी रिपोर्टें भी आ चुकी हैं, मगर वे स्वास्थ्य मंत्रालय की अलमारियों में पड़ी हुई हैं । और मुझे ताज्जुब नहीं होगा अगर इ न कमेटियों की रिपोर्ट पर विचार करने के लिए स्वास्थ्य मंत्री एक नई कमेटी की घोषणा कर दें । मैं समझता हूं कमेटियां बन चुकीं और उन्होंने अपना दृष्टि-कोण आपके सामने रख दिया । मैं तो समझता हूं कि अब सरकार को देशी चिकित्सा पद्धतियों को जैसे आयर्वेद, यूनानी पद्धति, प्राकृतिक चिकित्सा, होमियोपैथी को अधिक से अधिक सुविधा प्रदान करनी चाहिए ताकि वे भारत के गांवों तक पहुंच सकें । इस सम्बन्ध में जो सरकार का दृष्टिकोण है वह ठीक नहीं है। उस में सुधार की गुंजाइश है ।

पंडित ठाकुर दास भार्गव (हिसार): जनाब डिप्टी स्पीकर साहब, पिछले साल इसी मौके पर मुझे आपकी इजाजत से कुछ अर्ज करने का मौका मिला था और मुझे खुशी है कि जो कुछ मैं ने अर्ज किया था और जो कुछ मुझे जवाब मिला आनरेबल मिनिस्टर साहब से, आज मैं दोबारा खुशी के साथ उस बारे में कुछ अर्ज करना चाहता हूं । पिछले मर्तबा उन्होंने इस मौके पर यह फरमाया था जब मैं ने हिसार जिले के चन्द गांवों के पीने के पानी की तरफ उनकी तवज्जह दिलायी थी, कि वह पूरी कोशिश करेंगे कि इन गांवों को किस तरह से आराम

पहुंचाया जाये और उनकी तकलीफ का कैसे इलाज किया जाये ।

अनोख वाला ये गांव राजस्थान के नुक्कड़ पर बाकी हैं और गो कि ये पंजाब में हैं, लेकिन इनकी हालत इतनी खराब है जितनी कि शायद राजस्थान के गांवों की भी नहीं होगी । कितनी ही सदियों से इन गांवों के लोगों को यह तकलीफ है और इसका अन्दाजा लगाना नामुमकिन है । इसके लिए पंजाब गवर्नमेंट से बहुत बार कोशिश की । जब मैं सन १९२५; पंजाब में डिस्ट्रिक्ट बोर्ड में था उस वक्त हिसार के कुछ हिस्से के लिए पंजाब गवर्नमेंट ने एक लाख रुपया दिया, लेकिन वह चन्द और गांवों पर ही खर्च हो गया और इन गांवों की नौबत ही नहीं आयी । उसके बाद पंजाब गवर्नमेंट से तरह-तरह से कोशिश की लेकिन उस में कामयाबी नहीं मिली ।

पिछले मर्तबा जब मैं ने अर्ज किया कि हैल्थ के लिये सब से जरूरी चीज पानी है, तो हैल्थ मिनिस्टर साहब ने मेहरबानी कर के फरमाया कि अगर पंजाब गवर्नमेंट इस में थोड़ा सा हिस्सा ले तो वह खुद भी जरूर कोशिश करेंगे । मुझे आज यह कहते हुए निहायत खुशी होती है कि उन्हों ने अपना वायदा ईफा किया और आप यह सुन कर खुश होंगे कि इन १६ गांवों में जहां सदियों से किसी को पीने के लिये पानी मयस्सर नहीं हुआ था तो वहां मिनिस्टर साहब की मेहरबानी से पानी पहुंचाने का काम शुरू हो गया है । इस के लिये मैं आनरेबल मिनिस्टर साहब को उन गांवों के लिये तहदिल की हैसियत से मुबारकबाद देता हूं । जब वह वहां पर गये थे तो हजारों आदमी इतने खुश थे कि जिस का कोई ठिकाना नहीं था । वहां पर उन्होंने आदमियों की खुशी की अपनी आंखों से देखा, लेकिन जो इन की कसूर थी उस का क्या असर हुआ ? एक करोड़ २८ लाख रुपया हिसार जिले के ७३ गांवों के लिये मंजूर किया गया और जिन १६ गांवों का मैं ने जिक्र किया उनके लिये मुझे खुशी है कि गवर्नमेंट ने जो खर्च होगा उस का ५० पर सेंट देने की बात मंजूर कर ली है । चुनांचे उन १६ गांवों का काम हाथ में लिया गया और तकरीबन १४ लाख रुपया उस पर खर्च किया जायेगा । मेरी अदब से गुजारिश है कि जब वहां जलसा हुआ जिस में आनरेबल मिनिस्टर साहब जो तशरीफ ले गये थे, तो हजारों आदमियों के चेहरे पर खुशी दिखाई दे रही थी और वे मिनिस्टर साहब को दुआयें दे रहे थे और गवर्नमेंट आफ इंडिया को क्लीसिंग भेज रहे थे कि उन्हों ने वहां पर यह काम शुरू किया । लेकिन ऐन उसी वक्त पर एक बोल्ट काम दी बल्यू गिरा । जब मैं ने करतूत का नाम लिया था तो मेरे कुछ लायक दोस्त हंसे थे । मैं अर्ज करना चाहता हूं कि ऐन उसी वक्त एक बोल्ट काम दी बल्यू गिरता है । आनरेबल मिनिस्टर साहब ने बड़ी उम्दा तकरीर की और पंजाब के मिनिस्टर चौधरी सूरज मल साहब ने भी तकरीर की । मैं पंजाब गवर्नमेंट व चौधरी सूरज मल साहब का बहुत मश्कूर हूं क्योंकि उन की भी मेहरबानी से यह काम थाने तकमील को पहुंचा है, और पहुंचेगा तो उस का सारा क्रेडिट हमारे आनरेबल मिनिस्टर साहब को है क्योंकि पंजाब गवर्नमेंट उस वक्त तक रुपया लगाने को तैयार नहीं थी जब तक कि सेंटर से ५० परसेंट मंजूर न हो जाये । लेकिन मैं चौधरी सूरज मल साहब का बहुत मशकूर हूं । लेकिन उसी वक्त किसी ने जलसे में बताया कि इन १६ गांवों का काम तो हम ने शुरू कर दिया लेकिन जो दूसरी ए० बन स्कीम और बी० स्कीम और सी० स्कीम हैं जिस के लिये एक करोड़ २८ लाख रुपया पंजाब गवर्नमेंट और सैंट्रल गवर्नमेंट की तरफ से मंजूर हुआ है, उन का काम तो खत्म समझो, क्योंकि प्लानिंग कमीशन के मेम्बरान साहिबान की तरफ से, क्योंकि अभी तक जितने हिसार में तशरीफ नहीं ले गये हैं, ऐसा हुक्म निकाला गया है

[पंडित ठाकुर दास भार्गव]

कि उन गांवों को ही फायदा पहुंचेगा जोकि क्लस्टर में हैं, पानी एक जगह इकट्ठा किया जायेगा और वहां से किसी तरह पानी उन गांवों में ले जाया जायेगा । हर गांव को यह सुविधा नहीं मिलेगी । यह सुन कर वहां पर लोगों के दिल पर इस कदर रंज तारी हुआ कि जिस का अन्दाजा नहीं लगाया जा सकता । मेरे पास एक चिट्ठी आई है, उस को मैं वक्त की कमी की वजह से पढ़ कर नहीं सुना सकता लेकिन वह ऐसी है कि जिस को पढ़ कर आदमी के दिल पर गहरा असर पड़ता है । उस इलाके के लोग कहते हैं कि हमारे गांव तीन-तीन चार-चार कोस पर हैं, इकट्ठे नहीं हैं, वहां पर आदमी आठ-आठ और दस-दस मील से पानी लाते हैं, सुबह से शाम तक ऊंटों पर पानी लाने के सिवा कुछ नहीं करते हैं । जहां पर पानी तो नहीं मिल सकता है लेकिन दूध आसानी से मिल सकता है, वहां के लिये क्या आप कोई स्कीम नहीं बना सकते हैं ? हमें पता लगा कि प्लानिंग कमीशन ने एक आर्डर निकाला है कि इंडिविजुअल गांवों को मदद नहीं दी जायेगी, क्लस्टर आफ विल्लेजिज अगर हो सकेंगे तो मदद दे दो । मैं आप के जरिये से प्लानिंग कमीशन की खिदमत में अर्ज करना चाहता हूं कि प्लानिंग कमीशन वाले ऐसे हैं जैसे सेवेन फेट्स वाले किसी की किस्मत का फैसला करते हैं । मैं कमीशन के बहुत से मेम्बर साहिबान से वाकिफ हूं । मैं जानता हूं कि अगर एक मेम्बर भी, जिस तरह से आनरेबल मिनिस्टर साहब ने तकलीफ उठाई है और वहां जा कर देखा है, तकलीफ उठा कर वहां जा कर हालत को अपनी आंखों से देख आयें तो वह भी बिल्कुल इसी राय का हो जायेगा जिस राय का मैं हूं या मिनिस्टर साहब हैं । यह जो ७३ गांवों के लिये स्कीम बनी है वह बन्द नहीं होनी चाहिये, वह चलनी चाहिये, इंडिविजुअली पानी के मामले में सब गांव को मदद मिलनी चाहिये । इस में से ५० परसेंट तो सेंटर की सरकार देती है, ३८ परसेंट पंजाब गवर्नमेंट देती है १२ परसेंट गांवों के लोग देते हैं और इन १६ गांवों पर जो गवर्नमेंट की इनायत है तो वहां पर डिस्ट्रिक्ट बोर्ड ने १२½ परसेंट देना मंजूर किया है और इस तरह से सारी रकम पूरी होती है । इस सिलसिले में मैं अपने पुराने डिप्टी कमिश्नर साहब श्री प्रेम कुमार साहब जो अब वहां नहीं हैं,का शुक्रिया अदा करता हूं उन्होंने डिस्ट्रिक्ट बोर्ड से यह मदद दिलवाई और जहां तक इन १६ गांवों का प्राब्लैम था उसको हल करने की कोशिश की । परमात्मा करे इन १६ गांवों की उम्मीदवार आये और प्लानिंग कमीशन ने जो हुक्म दिया हुआ है वह इन १६ गांवों को तो नहीं लगेगा लेकिन इन सब ७३ गांवों को भी न लगना चाहिए—सच तो यह है किसी को न लगना चाहिए और यह हुक्म मंसूख होना चाहिए ।

पांच मेम्बर अब तक बोले हैं और इन पांचों मेम्बर्स ने पानी का जिक्र किया है । मैं गुजारिश करना चाहता हूं कि कोई भी शख्स जो कि उस इलाके को जाकर देखेगा या वैसे ही और किसी इलाके को जाकर देखेगा यह कहे बिना नहीं रह सकेगा कि हैल्थ मिनिस्ट्री को या प्लानिंग कमीशन को जो सबसे पहली चीज करनी है वह है पानी का इंतजाम, ड्रिंकिंग वाटर का बन्दोबस्त और उसके ठीक न होने से जो बीमारियां फैलती हैं उनकी रोक थाम करना सब से पहला कर्तव्य होना चाहिए । डाक्टर सुशीला नायर ने कहा कि तीसरे प्लान में कुल कितना रुपया खर्च किया जायेगा उसका केवल ढाई परसेंट ही हैल्थ पर खर्च होगा । पहले प्लान में पांच परसेंट रखा गया था । जो भी रखा गया हो लेकिन इस रिपोर्ट में दर्ज है इस रिपोर्ट में दर्ज है कि पहले प्लान में जो रुपया दिया गया था उसमें से कुल २ करोड़ ८० लाख रुपया रूरल स्कीम्स के लिये खर्च किया गया । दूसरे प्लान में ८० करोड़ रुपया

मौजूद था जिसमें से ७ करोड़ खर्च किया गया। मुझे पता नहीं कि कितना मिला लेकिन कहते हैं कि इतना रुपया प्रोवाइडिड था । अब प्रोवाइडिड का पता नहीं क्या मतलब है । चार लफ्ज इसके लिये इस्तेमाल किये गये हैं । एस्टिमेटिड एक्सपेंडिचर बड़ा काफी है कहीं ४० करोड़ कहीं ६४ करोड़ । सैक्शंड एक्सपेंडिचर भी काफी है । लेकिन जो एक्चुअली खर्च किया गया या एक्चुअली प्रोवाइड किया गया वह बहुत थोड़ा है । २८ करोड़ दूसरे प्लान में था जिसमें से ७ करोड़ खर्च किया गया । मैं पूछना चाहता हूं कि क्यों इतना कम खर्च किया गया । हमारा मुल्क बहुत बड़ा मुल्क है । इसमें पानी की इतनी दिक्कत है कि कुछ ठिकाना ही नहीं । आप बंगाल में जाकर देखें, वहां पर लोग जोहड़ में से लेकर पानी पीते हैं, उसी में कपड़े धोते हैं, उसी में बरतन धोते हैं साफ करते हैं, उसी में जानवरों को सफा करते हैं, उनको नहलाते हैं । इतनी बुरी हालत सारे देश में है कि बयान ही नहीं की जा सकती है । जब ऐसी हालत है तो बीमारी पैदा नहीं होगी तो क्या होगा । दिल्ली का वाका आपको मालूम है, यहां पर जांडिस फैला था, इनफ्लुएंजा फैला था और उसके लिये आपको लाखों रुपये एक्सचेंज के रूप में खर्च करने पड़े थे । इस वास्ते अगर सब से पहला कोई फर्ज हैल्थ मिनिस्ट्री का हो सकता है तो यही हो सकता है कि पीने के पानी की वह व्यवस्था करे । प्लानिंग कमीशन से मैं अर्ज करना चाहता हूं कि कि अपने हुक्म को अपने पास रखे और एक बार उसके सदस्य जाकर अपनी आंखों से स्थिति को देख लें और फिर भी वे कहें कि यह स्कीम वापिस ली जानी चाहिये तो वापिस ले लें लेकिन मैं कहना चाहता हूं कि अपनी आंखों से देख कर वे मेरे साथ एग्री करेंगे कि जो १ करोड़ २८ लाख की स्कीम है, वह होनी चाहिये और उसको वापिस नहीं लिया जाना चाहिये । ७३ गांव जो कि खंदियों के प्यासे हैं, इस स्कीम से उनको थोड़ा सा पानी पीने के लिये मिल सकेगा मुझे नहीं मालूम कि चारचार कोस पर बसे हुए इनडिविजुअल गांव के बारे वाली बात में मिनिस्टर साहब की क्या पोजीशन है, वह इसके बारे में क्या करना चाहते हैं, और क्या नहीं करना चाहते । लेकिन उन्होंने अपनी आंख से वहां जाकर देखा है । और मुझे पूरी उम्मीद है कि वह इस मामले में हमारी पूरी मदद करेंगे और इसके लिये कोशिश करेंगे और जो लोगों को उम्मीद हुई थी, जो खुशी हुई थी कि आनरेबल मिनिस्टर साहब की उन पर ब्लेसिंग आएगी, वह खत्म नहीं हो जायेगी, वह उनकी उम्मीद पूरी होगी । इन स्कीमों के लिये एक करोड़ २८ लाख रुपया जो रखा गया था, मुझे पूरी उम्मीद है कि उसका ५० परसेंट अवश्य दिया जायेगा ।

श्री बी० चं० शर्मा (गुरदासपुर) : जो आपने बोल्ट फ्राम दी ब्ल्यू कहा है क्या वह उनके बैठे हुये हुआ या उन के चले जाने के बाद हुआ ?

पंडित ठाकुर दास भार्गव : इसका इशारतन जिक्र हुआ था कि बाधा पड़ सकती है । लेकिन यह अगल चीज है ।

मैं अर्ज करना चाहता हूं कि तीसरे प्लान में कम से कम सौ करोड़ रुपया पानी के लिये एप्रोप्रिएट करें । अगर आपने इससे कम रखा तो मैं समझता हूं कि आप लोगों के साथ इंसाफ नहीं करेंगे और मैं प्लानिंग कमिशन से कहना चाहता हूं कि अगर इससे कम रुपया हैल्थ मिनिस्ट्री को दिया गया तो यह उसके साथ इंसाफ नहीं होगा ।

चन्द माननीय सदस्यों ने और मुझे खुशी है कि चन्द डाक्टर साहिबान ने भी कहा

[पंडित ठाकुर दास भार्गव]

है कि उन्हें वह वक्त नजर नहीं आता है कि जो मोर साहब के जमाने की स्कीम थी या जो अब हमारे प्लानिंग कमिशन की स्कीम है जिसके मुताबिक वह चाहती है कि इस मुल्क में इतने डाक्टर और इतनी नर्सिस हों, वह किसी जमाने में या क्रमस कहे तक भी पूरी होगी, कामयाब होगी । मैंने रिपोर्ट को पढ़ा है और मैं मानता हूं कि मिनिस्टर साहब ने बहुत से महकमों के लिये बहुत शानदार काम किया है, कालेजों की तादाद बढ़ गई है, कालिजों में बेड बढ़ गए हैं, डाक्टरों की तादाद बढ़ी है और और कई कुछ हुआ है । इतना होने पर भी वह जमाना नजर नहीं आता कि जिसके अन्दर कभी भी हम आइडियल तक पहुंच सकें जो आइडियल कि हमारे सामने है । यह बात नो-मुश्किन नजर आती है । एक इलाज और सब से बड़ा इलाज यह है जो कि वाजपेयी जी ने बताया है और उनसे पहले डा० सुशीला नायर ने बताया है कि जो इन बीमारियों की वजूहात हैं, उनको दूर किया जाये, इन बीमारियों को रोका जाये । उसमें पानी का सब से पहला स्थान है और साफ पानी का न मिलना सबसे बड़ा बीमारियों का कारण है । अगर पानी का ठीक तरह से इंतिजाम हो जाये तो कई बीमारियों दूर हो सकती हैं । यह जो डायरिया है, डाइसैंटरी है, इन्फ्लुएंजा है, जांडिस है और कितनी ही दूसरी बीमारियां हैं वे सब की सब पानी अगर साफ मिले तो दूर हो सकती हैं, इनका खात्मा हो सकता है । आज की दुनिया में अगर कोई यह उम्मीद रखे कि डाक्टर किसी बीमारी का इलाज कर देगा तो उसकी यह उम्मीद पूरी होने वाली नहीं है । असल चीज यह है कि लोग बीमार न हों और इसके लिये यह निहायत जरूरी है कि लोगों को पीने का पानी साफ सुथरा मिले और मुझ से अगर पूछा जाए तो मैं कहूंगा कि दूध भी अगर लोगों को पीने को मिले तो बहुत अच्छा होगा ।

श्री अब्दुल लतीफ (बिजनौर) : रियाह पैदा करता है ।

पंडित ठाकुर दास भार्गव । यह हैल्थ मिनिस्टरी या फूड मिनिस्टरी की पेमफलेट मेरे हाथ में है और इसमें लिखा हुआ है कि छटांक घी में ५०० कैलोरी की वैल्यू होती है । मैं पूछना चाहता हूं कि कि अगर आप इस देश में से घी को खत्म करना चाहते हैं या उस खुराक को खत्म करना चाहते हैं जो सब से ज्यादा हैल्थ दे सकती है और जिसकी वैल्यू ५०० कैलोरी लिखी हुई है, तो लोग कैसे ठीक और तन्दुरुस्त रह सकते हैं । इस किताब में इतनी वैल्यू किसी और चीज की नहीं लिखी हुई है । लेकिन बनास्पती को बनवाकर आप इस घी को खत्म कर रहे हैं । इस सदन में आज भी शायद सात आठ बिल आपके सामने पड़े हुये हैं जो कि इसी के बारे में हैं । मैंने फूड एडल्ट्रेशन कमेटी के मेम्बर होते हुये बनस्पति घी का एडल्ट्रेशन के बारे में जो कुछ लिखा था उसको मैं आपको पढ़ कर सुनाना चाहता हूं । मैंने लिखा था :—

"1. The vanaspati affects adversely the ghee industry of the country;"

सारी घी इंडस्ट्री को यह खत्म करता है ।

"2. Vanaspati affects adversely the cattle industry of the country;

3. Vanaspati is a great enemy of cottage industry of oil pressing;

4. Vanaspati deprives a large number of people of their staple food lassi and genuine ghee;

5. Vanaspati is prohibitive in price and as such deprives the poor man from use of sufficient quantity of fresh oil which is much cheaper;

6. In food value, fresh oil is better than vanaspati and as such vanaspati is less energy producing and health giving than fresh oil;

7. The hydrogenation without adding even an ounce to the fat contents of the country involves loss of about 12 crores of rupees to the nation;

8. Vanaspati saps the very foundations of morality and is 420 incarnate;

9. Vanaspati does not allow the food problem of the country to be solved in a satisfactory way;

10. Marine oil is used for vitaminising vanaspati. Fish oil destroys the vegetarianism of the unsuspecting consumer."

ये मैंने चन्द एक वजूहात लिखी थीं। मैं कहना चाहता हूं कि आप इस हाउस की ओपिनियन ले कर देखें और आपको पता चलेगा कि इस हाउस का एक एक मैम्बर चाहता है कि जहां तक घी का सवाल है जिस को आयुर्वेद में अमृत घृतम् कहा गया है, वह लोगों को शुद्ध मिलना चाहिए। जो इस तरह की चीज समझी गई है, उसको आप खत्म कर रहे हैं। इसकी उत्पत्ति कम हो रही है। देश का फूड प्राबलैम हल नहीं हो पा रहा है न कोई और मसला हल हो पाता है। मैं चाहता हूं कि मिनिस्टर साहब वक्त की पुकार को सुनें और अगर कलर न मिले तो हाइड्रोजिनेशन को बन्द कर दें।

मैं हाउस का ज्यादा वक्त नहीं लेना चाहता हूं। मैं समझता हूं घी के बाद अगर कोई दूसरा फर्ज इस मिनिस्ट्री का है तो वह है कि जितनी भी खुराक है उसके अन्दर से एडल्ट्रेशन खत्म हो। रिपोर्ट में आपके बेशुमार फरावद लिखे हुये हैं। सीस के ऊपर इंस्टीट्यूशंस आपके पास हैं। फिर आपका फर्ज कोआर्डिनेशन का है। फिर स्टेट्स की हैल्थ मिनिस्ट्रीज को मदद देना आपका फर्ज है। इसके साथ साथ एक फर्ज यह भी है कि फूड को एडल्ट्रेशन को रोकें। आपने इसके लिये एक एक्ट बनाया है और एक दिन हाउस में जब उसका जिक्र हुआ तो मिनिस्टर साहब ने साफ तौर से कहा और मैं इस सचाई से बही बात कबूल करने के लिये उनकी तारीफ करता हूं कि यूनिवर्सल एडल्ट्रेशन आफ फूड्स है। यह बात तो ठीक है लेकिन मेरे खयाल में हैल्थ मिनिस्टरी का कंडेमनेशन भी इससे अधिक नहीं हो सकता है। जहां मैं आपको सच्चाई की तारीफ करता हूं वहां मैं आपसे यह भी पूछना चाहता हूं कि आप बतलावें कि आपने क्या क्या किया है? क्या एक ला पास कर देने से ही यह अडल्ट्रेशन बन्द हो सकता है। जो हजारों आदमी अडलट्रेशन करते हैं अगर उन में से आप एक आध आदमी को प्रासिक्यूट करते हैं, तो उस के लिये सजा होनी मुश्किल हो जाती है। क्या आपने उस का इन्तजाम किया? अभी दवाओं के बारे में हमारे दोस्त ने बताया कि उन में किस कदर मिलावट होती है। खाने का हाल आप देखिये। खाना कितना खराब मिलता है यह आप जानते हैं। खाना अच्छा मिले, पानी अच्छा मिले, दूध अच्छा मिले अस्पतालों में फी बेड आप दो हजार रुपये खर्च करते हैं, यह भी बहुत जरूरी है। अस्पतालों में जो कुछ आप कर रहे हैं वह ठीक है, लेकिन यह इतना जरूरी नहीं है। प्रिवेंशन इज बैटर देन क्योर यह ओल्ड मैक्सिम है दुनियां भर का। इससे ज्यादा बढ़ कर मैं और कोई चीज इस मामले में नहीं देखता। मैंने अभी सुना है कि एक जगह जयपुर या अजमेर में एक मैजिस्ट्रेट ने ५०० रु० जुर्माना कर दिया दूध में मिलावट करने के लिये। नतीजा क्या हुआ? वहां के सब लोगों ने, सब दूकानदारों ने, हलवाइयों ने सारे शहर के अन्दर हड़ताल कर दी। तीन दिन से वहां किसी आदमी को दूध नहीं मिला। मैं अर्ज करना चाहता हूं

[पंडित ठाकुर दास भार्गव]

कि इसका इलाज मैं यह मानता हूं कि सिर्फ प्रोसिक्यूशन ही नहीं है, देश के अन्दर एक नई तरह की फिजा पैदा करने का सवाल है। लोगों के अन्दर पब्लिक ओपीनियन बननी चाहिये कि जो एडल्ट्रेशन करता है लोग उसकी शक्ल न देखना चाहें। लेकिन आप खुद क्या करते हैं ? आपको मालूम है कि ९९ फी सदी वनास्पति घी में मिलाया जाता है। लेकिन आप चुप बैठे हुए हैं। आपको डर लगता है। बड़े-बड़े जो कारखाने हैं इसके उन्होंने एक साल में इतना रुपया पैदा कर लिया जो कि उनकी मैशीनरी की कीमत से भी ज्यादा है। आपको चाहिये कि आप फौरन हुक्म दें कारखाने वालों को कि वह छः महीने में अगर रंग मालूम न कर सके और अडरट्रेशन न हो सकेगी तो आप छः महीने के बाद हाइड्रोजेनेशन बन्द कर देंगे। तब आप इसका नतीजा देखेंगे कि वह चीज बन्द हो जायेगी। लेकिन आप इसकी तरफ तवज्जह नहीं देते। और इस तरह से इस मिलावट की सारी जिम्मेदारी आपको है।

अब मैं बहुत ज्यादा इस बारे में नहीं कहना चाहता, जो कुछ मुझे कहना था वह मैं अर्ज कर चुका। बस आखिर में एक बात कह कर खत्म करता हूं। आपने यहां पर एक अजीब तरह का सिलसिला चलाया हुआ है, मेरे खयाल में वह ठीक सिलसिला है, और वह यह कि एक तरफ आप इस कोशिश में हैं कि दुनिया में बच्चे पैदा न हों, लाइफ आगे न बढ़े। सन् १९६१ में यहां की आबादी ४३ करोड़ हो जायेगी और सन् १९६६ में वह बढ़ कर ४८ करोड़ हो जायेगी। आपकी कोशिश है कि लाइफ आगे न बढ़े, लाइफ स्टाटल हो जाय, लेकिन दूसरी तरफ आपकी ऐंटी बीसिस है कि आप बुड्ढों को मरने नहीं देना चाहते, आपने रिपोर्ट के अन्दर परसेंटेज दी हुई है, और मैं उन में से एक हूं जो कि इसके लिये आपका शुक्रगुजार हूं। लेकिन साथ ही बच्चों की जो तादाद मरती है उसके लिये आपने लिखा है कि वह बहुत कम हो गई है। यह दोनों बातें ठीक हैं और इससे आबादी बढ़ती है जो कुछ इसकी रोक थाम के काम आप करते हैं उसके फिगर्स आपने सफा १२२ पर दिये हैं। स्टेरिलाइजेशन भी उनमें से है। मैंने पिछली दफा अर्ज किया था कि हमको फिगर्स दिये जायें कि कितना स्टेरिलाइजेशन मेल्स का हुआ है। आपने फिगर्स दिये हैं लेकिन वह बहुत मायूसकुन हैं।

एक माननीय सदस्य : कितने हैं ?

पंडित ठाकुर दास भार्गव : चार सालों के हैं। मैं आपको बाद में बतला दूंगा। आप सफा १२२ और १२३ का मुलाहजा फरमा लीजिये। वह इतने थोड़े हैं कि मुझे कहने में भी शर्म आती है। रुपया आपने काफी खर्च किया है। आपने फर्स्ट फाइव इयर प्लैन में इसके लिये १५ लाख रुपये खर्च किये, उसके अलावा साल २६ लाख रु० हुये और उसके बाद और ज्यादा हो गये। ४४ लाख रुपये हो गये। रुपया ज्यादा खर्च हुआ लेकिन स्टेरिलाइजेशन की तादाद बहुत कम है। मुझ को यह चीज मालूम है, मैं लोगों में से आता हूं, मैं गांवों के अन्दर जाता हूं, वहां के औरतों और मर्दों में इस चीज का जिक्र है। मैं जाकर बहनों और भाइयों से कहता हूं कि वक्त आ गया है कि पापुलेशन कम होनी चाहिये। वह सब के सब हमारे साथ हैं। आज गांवों के अन्दर हजारों, लाखों आदमी मौजद हैं जो कि स्टेरिलाइजेशन को पसन्द करेंगे बशर्ते उनके दिमागों में आप बिठला दें कि स्टेरिलाइजेशन से मर्दुमी ताकत कम नहीं होती है, और किसी और तरह का नुकसान भी नहीं होता। फिर आप उनको मुफ्त यह चीजें दें। जिस तरह से पहले पढ़ाने के लिये वजीफे वगैरह दिये जाते थे उसी तरह से आप उन लोगों को कुछ इमदाद दें तो यह स्टेरिलाइजेशन तेजी से बढ़ सकता

[पंडित ठाकुर दास भार्गव]

है और यह चीज आज फायदा पहुंचा सकती है । इसमें औरतों को ज्यादा तकलीफ होती है, मर्द को ज्यादा तकलीफ नहीं होती, उसी वक्त घर चला जाता है, पांच मिनट भी नहीं लगते हैं । पंजाब गवर्नमेंट ने अभी कहा है कि वह ६ दिन की छुट्टी देती है । आपकी रिपोर्ट में भी इस चीज का जिक्र है कि आफिसेज में छुट्टी दी जाती है । यह ठीक है, लेकिन अभी यह तादाद बहुत मायूसकुन है । इसकी तरफ ज्यादा तवज्जह होनी चाहिये, और मेहरबानी करके आप इस चीज के फिगर्स ज्यादा दें । फिगर्स दिये गये हैं लेकिन वे काफी नहीं हैं । अगर आप ज्यादा फिगर्स दें तो तसल्ली हो सकेगी ।

श्री अब्दुल लतीफ : जनाब डिप्टी स्पीकर साहब, पिछली मर्तबा आप ने ही मुझ को हेल्थ पर बोलने की इजाजत दी थी, और मैं ने मिनिस्टर साहब की खिदमत में कुछ बातें पेश की थीं । अब देखना यह है कि किस हद तक उस में कामयाबी हुई है । कुछ न पूछिये मैं आप से क्या अर्ज करने को हूं, आप के मुंह पर आप से गिला करने को हूं । मैं ने आप से अर्ज किया था कि आयुर्वेदिक और तिब्बिया कालेज दिल्ली को गांधी और अजमल के नाम से रिसर्च कालिज बनाया जाय । बहरहाल मैं ने उस के बाद एक रेजोल्यूशन भी उसी सिलसिले में भेजा । मुझे को जवाब दिया गया कि चूंकि मुकदमा जेरे समारे है लिहाजा तजवीज पेश करने की इजाजत नहीं दी जा सकती । कोई सक नहीं है कि मजबूरी है, और मजबूरी हैं कहां से? हकीम अजमल खां साहब के साहबजादे की तरफ से जिस ने पहले दवाखाना खत्म किया और अब कालेज को खत्म कर रहा है । बहरहाल इस घर को आग लग गई घर के चिराग से ।

लेकिन सरकार को यही फैसला करना है कि वह इस यादगार को जकर कायम रखेगी और मिटने नहीं देगी । मैं ने इस के अलावा आप से यह शिकवा किया था कि ऐलोपैथिक के मुकाबले में आयुर्वेदिक और यूनानी के तरीका इलाज को बहुत कम मदद दी जाती है, वह अपनी जगह पर मौजूद है । उस में कोई तरक्की नहीं हुई, बल्कि मैं तो आप से आगे यह अर्ज करूंगा कि न सिर्फ तरक्की ही नहीं हुई बल्कि उस में रुकावटें पैदा हुई ।

आप ने अलीगढ़ कांफरेंस जो कि तिब्ब के बारे में हुई थी उस में चन्द चीजें फरमाई थीं । आप ने कहा था :

"मुझे खुशी होगी जब कि हर एक अस्पताल में देशी तरीका इलाज हो जाय और देशी दवाओं का इस्तेमाल भी शुरू हो जाय । गुजिश्ता १०० सालों में देशी तरीके इलाज को सिर्फ इस लिये ज्यादा नुक्सान पहुंचा है कि वैद्य और हकीम अपने नुस्खों को राज में रखते हैं । हम लोग तो आप के खिदमतगुजार हैं, हम आप की हर एक मुश्किल को दूर करेंगे । लेकिन जहां हुकूमत की अदम तवज्जह ही देशी इलाज को नुक्सान पहुंचा रही है वहां वैद्य और हकीमों के तर्ज अमल को भी बहुत दखल है । जिस रोज से मैं सहत के महकमे का वजीर हुआ हूं, हमेशा सोचता हूं कि मैं देशी तरीके इलाज की क्या खिदमत कर सकता हूं ।"

यह बात आपने जो कांफरेंस अलीगढ़ में हुई थी, उसमें अपनी तकरीर में कही थी । अब देखना यह है, और मैं आगे चल कर यह अर्ज करूंगा, कि यह जो आपने फरमाया है उस पर कितना अमल हुआ है । वैद्यों और हकीमों में आम बेचैनी है डेपुटेशन आ रहे हैं, हमारे पास तार आ रहे हैं । लोग जब हमसे गुफ्तगू करते हैं तो हम उनसे कहते हैं कि हिम्मते मर्दां, मददे खुदा ।

सफीना वहीं मुझ को ला लेगा काफिला
मेरे नालों का ,
हजार मीलों की ही कलमकश मगर वो
दरिया के पार होगा ।

[श्री अब्दुल लतीफ]

यानी जो चीज अंग्रेजों के जमाने में डेढ़ सौ सालों तक में खत्म नहीं हुई तुम्हारी हुकूमत के जमाने में वह खत्म नहीं हो सकती । वह जिन्दा रहेगी और यही पार्लियामेंट आप की इमदाद करेगी और इतनी इमदाद करेगी कि एलोपैथिक जितनी उरोज पर पहुंची हुई है वहां यह देशी तरीका इलाज पहुंच जाय ।

अब मैं आप से यह अर्ज करता हूं कि आप ने यह चीजें फरमाई थीं कि "मैं चाहता हूं कि कोई हकीम और वैद्य ऐसी दवायें शाया करे जो कि हम हर अस्पताल में इस्तेमाल कर सकें । तो मैं आप को यह खुशखबरी सुनाना चाहता हूं कि हकीम अब्दुल हमीद साहब ने १६६ दवाओं की लिस्ट "देहाती मुआलिज" नाम की किताब में शाया की है । १६६ दवायें जो कि सिर्फ गांवों में पैदा होती हैं, उन को शाया किया गया, और मामूली पढ़ा-लिखा देहात का आदमी आसानी से इस को पढ़ कर अपना इलाज कर सकता है । जिस को वह अब हिन्दी और अंग्रेजी में भी शाया कर रहे हैं । एक पंद्रहरोजा "हमदर्द" मुस्तकिल तौर पर इस काम के वास्ते निकलता है । जो मरीज उन के पास जाते हैं उन के वास्ते एक बोर्ड बैठता है और उन मरीजों को देखने के बाद यह फैसला करता है कि उन को कौन दवा इस्तेमाल करनी चाहिये और फिर वह इनको अखबार में शाया करते हैं । एक मासिक "हमदर्द सेहत" का रिसाला निकलता है । जो आप ने, फरमाया था कि हकीम और वैद्य इस वास्ते नाकामयाब हैं कि वे अपने नुस्खों को राज में रखते हैं, उस के सिलसिले में मैं बतलाना चाहता हूं कि अब वह इतने बेदार हो गये हैं कि वह अपने नुस्खों को अवाम के सामने ला रहे हैं । जो १६६ दवाओं की लिस्ट "देहाती मुआलिजं" नाम की किताब में छपी है वह दो जिल्दों में निकली है और उस को हिन्दी और अंग्रेजी में तर्जुमा कर के शाया करवाया जा रहा है ।

15 hrs.

अब मैं आप से अर्ज करना चाहता हूं कि आप ने इस वक्त तक आयुर्वेदिक और यूनानी की क्या इमदाद की है । पहली पंच साला प्लैन में आप ने कोई इमदाद की ही नहीं, दूसरी पंच साला प्लैन में आप ने सवा छः करोड़ रुपये इस के वास्ते निकाले हैं, जिस में कि होमियोपैथिक, आयुर्वेदिक, यूनानी, सब चीजें थीं । एक करोड़ रुपया आप ने सैंटर में रक्खा है और सवा पांच करोड़ रुपया आप ने दिया है सूबों को । मैं आप से दरियाफ्त करना चाहता हूं कि जहां अरबों रुपया आप इस वक्त एलोपैथी पर सर्फ कर रहे हैं एलोपैथी पर तो क्या उस मुल्क के वास्ते जहां पर कि ४६ करोड़ इंसान हों और जिस देश के कि ८५ फीसदी रहने वाले सिर्फ आयुर्वेद व यूनानी तिब के इलाज को करना पसन्द करते हों और वह तरीके इलाज जिसको कि एलोपैथी कहते हैं वह उनके मिजाज के मुवाफिक न हो और बहुत महंगा हो । यह कहां तक ठीक होगा कि हम एलोपैथी पर तो इतनी रकम खर्च करें और आयुर्वेद व यूनानी पर इतना कम खर्च करें । मैं ने पिछली मर्तबा भी यह अर्ज किया था कि यह ८५ फीसदी आबादी जो इस मुल्क की है उस को कोई खास दिलचस्पी एलोपैथी से नहीं है लेकिन इसका मतलब यह नहीं है कि मैं उस की मुखालफत कर रहा हूं । मैं आप से अर्ज करूंगा कि जो तरीका आपने अख्तियार किया है वह यह है कि एलोपैथी को ज्यादा से ज्यादा रकम दी जाती है और इसके बरअक्स आयुर्वेद और यूनानी तिब को कम रकम दी जाती है । मैं हरगिज इसका मुखालिफ नहीं हूं कि आप वह जरूरी रिसर्चेज न करावें, जितनी भी रिसर्चेज आप जरूरी समझें करायें लेकिन इस देशी तरीकये इलाज को नजरअंदाज न किया जाय और ऐसा करना उनके साथ बड़ा जुल्म करना होगा ।

उपाध्यक्ष महोदय : मिनिस्टर साहब तो उन पर नजर नहीं उठाते लेकिन आप

[उधर ही मतवज्जे हो रहे हैं । मैं आप की तरफ नजर रक्खे हुए हूं, आप मेरी तरफ भी नजर करें।

श्री अब्दुल लतीफ : बहुत अच्छा । अब मैं आप से यह अर्ज करना चाहता हूं कि अंगरेजों की हुकमत के जमाने में जो यूनानी और आयुर्वेदिक तिब के कालिजेज चल रहे थे वे आज अपना दम तोड़ रहे हैं . . . .

Shri Narayanankutty Menon (Mukandapuram): At least the hon. Minister should show some superficial attention.

Shri Karmarkar: I am all attentive. I am making detailed notes.

Shri Narayanankutty Menon: The notes that the hon. Minister is making are not the notes of the speeches of hon. Members. I can challenge that.

Shri Karmarkar: I think he is on television. But all these notes are being very carefully recorded except perhaps some which do not need to be recorded.

श्री अब्दुल लतीफ : मैसूर, पटियाला, भपाल, लखनऊ, अलीगढ़ और हैदराबाद के यूनानी कालिजेज की आपने क्या इमदाद की है? जहां अंग्रेज यहां पर मंजूद थे तब तो यह हमारे कालिजेज जिन्दा थे लेकिन आज जब कि हमारे देश में अपनी सरकार कायम है तब यह कालिजेज दम तोड़ रहे हैं । सूरत यह है कि यह तमाम कालिजेज या तो बंद हो गये हैं या बंद होने के करीब हैं और आप ने कोई इमदाद उन की नहीं की है । मैं आपसे यह अर्ज करना चाहता हूं कि जितना आप फैम्बी आर्निंग पर खर्च कर रहे हैं उसका कुछ हिस्सा इस पर भी लगा दीजिये । मेरे दोस्त मार्गव साहब ने बड़ी उम्मीदें जाहिर की हैं कि फैम्बी आर्निंग जरूर कामयाब होगी, मैं भी समझता हूं कि वह यकीनन् कामयाब होगी और उसको कामयाब होना भी चाहिए लेकिन जितनी आप उस तरफ तवज्जह कर रहे हैं वह तो आप करें ही लेकिन इस तरीकये इलाज को जिसे कि देशी तरीकये इलाज कहते हैं उस को नजर-अंदाज न किया जाय । मैं ने जैसे पहले अर्ज किया था उसको फिर कह देना चाहता हूं :—

"सफीना वहीं डूब जाता है अक्सर
जहां पानी गहरा नहीं होता काफी
मेरे नातवां का
हजार मौजों की हो कशमकश मगर वो
दरिया के पार होगा" ।

आयुर्वेदिक और यूनानी तबीब इरादा कर चुके हैं कि वह इस को कायम रक्खेंगे । अब इस देशी इलाज को उन्होंने अंग्रेजों के जमाने में कायम रक्खा तब तो वह यकीनन आज के जमाने में उसको कायम रक्खेंगे । आप की हमदर्दियां उन के साथ होनी चाहियें । मैं हकीमों और वैद्यों से दरख्वास्त करना चाहता हूं कि आज वे जो उनमें रुकावट हो रही है वह कतई तौर पर गलत है और मुझे इसमें कोई भी शुबहा नहीं है कि अगर यह रुकावट चलने दी गई तो यह दोनों देशी तरीकये इलाज खत्म हो जायेंगे । अब मैं बतलाऊं कि मेरे दोस्तों की तकरीरें यहां पर हुईं तो मुझ से आकर यह कहा गया कि मैं यूनानी तिब के वास्ते कहूं तो मैंने उनको कहा कि आप यह क्या गजब करते हैं, दोनों ही चीजें अपनी हैं और इनको एक दूसरे से जुदा क्यों करते हो । इसलिए हुकूमत हो वैद्य हों या तबीब अगर वे लोग यूनानी और आयुर्वेदिक को जुदा करेंगे तो वह यकीनन् खत्म हो जायेंगे और मैं उम्मीद करता हूं कि हुकूमत यूनानी और आयुर्वेदिक दोनों तरीकये इलाज को बढ़ावा देने के लिए जरूरी कदम उठायेगी और वह अपनी पूरी कुव्वत एलोपैथिक पर ही खर्च नहीं करेगी । हुकूमत को यह देखना होगा कि यह दोनों देशी तरीकये इलाज कायम रहें और दिन पर दिन वह तरक्की करे। मेरी दरख्वास्त यह है कि हैदराबाद और अलीगढ़ को रिसर्च कालिज बनाया जाय और ज्यादा से ज्यादा उनकी इमदाद की जाय और जितने भी तिब्बी

[श्री अब्दुल लतीफ]

कालिजेज बंद हो रहे हैं उनको बंद होने से रोका जाय और यह देखा जाय कि वे ठीक तरह से चलते हैं और उनको चालू किया जाय।

फैमिली प्लानिंग के मुताल्लिक मैं अर्ज करना चाहता हूं.....

पंडित ठाकुर दास भार्गव : क्या आपको मालूम नहीं है कि गवर्नमेंट ने यह १९४८ तहैय्या किया हुआ है कि एक ही सिस्टम रहेगा, एलोपैथिक सिस्टम रहेगा और दूसरे नहीं रहेंगे? पहले आप इस पालीसी को ठीक कराईये।

श्री अब्दुल लतीफ : जी हां। गांधी जी ने सन् १९२० की कांग्रेस में एक तजवीज पास की है कि आयुर्वेद और यूनानी तिब को ज्यादा से ज्यादा एनकरेज किया जाय लेकिन आज देखिये कि हम कर क्या रहे हैं।

पंडित ठाकुर दास भार्गव : सन् १९४८ की पालिसी को देखिये जिसमें कि इन सब बातों को खत्म कर दिया गया है और इसको मंसूख कर दिया है।

श्री अब्दुल लतीफ : मैं फैमिली प्लानिंग के मुताल्लिक अर्ज कर रहा था। मैं इतना पुरउम्मीद नहीं हूं जितने कि भार्गव साहब हैं.... *(Interruptions)*

मैं तो कहता हूं कि आप इस सिलसिले में एक चीज करें और वह यह कि जितने भी कमजोर और बीमार बच्चे पैदा होते हैं उनका कम्पलसरी तौर पर नाकारा कर दिया जाय और इसी तरह जितने जवान कमजोर और बीमार हों उनको भी कम्पलसरी तौर पर नाकारा किया जाय। जैसे कि भार्गव साहब ने कहा है कि यह बहुत पुरउम्मीद है लेकिन मैं पुरउम्मीद नहीं हूं और वह इस वास्ते कि यह हकीकत में एक बड़ा सवाल है जो कि मुल्क के सामने दरपेश है और दूसरे मसलों और चीजों से उसका वास्ता है और अगर मैं तफसील में उसकी बाबत अर्ज करूं तो यह मामला लम्बा चला जायेगा.....

उपाध्यक्ष महोदय : लम्बा न जाने दीजिये।

श्री अब्दुल लतीफ : दुरुस्त है मैं लम्बा नहीं करता।

मैं एक बार फिर आप से अर्ज करता हूं और जो कि मैंने पिछली मर्तबा अपनी तकरीर में अर्ज किया था कि जो आप अलीगढ़ कान्फ्रेंस में ऐलान कर आये हैं, कम से कम उसकी तरफ तो आप की तवज्जह होनी चाहिए। यह जरूरी नहीं है कि मैं यह अर्ज करूं कि एलोपैथी से बढ़ कर आप इसमें कीजिये लेकिन कम से कम इतना तो हो कि जहां आप एलोपैथी को अरबों रुपया देते हैं तो आधा रुपया आयुर्वेदिक और यूनानी तिब को दिया जाय। जितने भी कालिजेज का मैंने जिक्र किया, उनकी ज्यादा से ज्यादा इमदाद रहनी चाहिए ताकि यह जिन्दा रह सकें।

आखिर में मैं फिर आप से अर्ज करना चाहता हूं कि जितनी उम्मीदें आपसे वाबस्ता थीं और जितना हम उम्मीद करते हैं कि आप के जरिए से इस देशी तरीकये इलाज को बढ़ावा मिलेगा और इमदाद मिलेगी वह हमारी उम्मीदें बर आनी चाहिएं। आपका तर्जेअमल ऐसा न हो कि आपका रुख तो उधर को हो और आप उसी तरह की अलीगढ़ कान्फ्रेंस वाली बुझाने वाली तकरीर करें और नतीजा उसका कुछ भी न हो।

میں نے اس کے علاوہ آپ سے یہ گفتگو کیا تھا کہ آیورویدک اور یونانی کے مقابلے میں آیورویدک اور یونانی کے طریقہ علاج کو بہت کم مدد دی جاتی ہے - وہ اپنی جگہ پر موجود ہے - اس میں کوئی ترقی نہیں ہوئی - بلکہ میں تو آپ سے یہ عرض کرونگا کہ نہ صرف ترقی ہی نہیں ہوئی بلکہ اس میں رکاوٹیں پیدا ہوئیں -

آپ نے علی‌گڈھ کانفریس جو کہ طب کے بارے میں ہوئی تھی اس میں چند چیزیں فرمائی تھیں - آپ نے کہا تھا -

مجھے خوشی ہوئی جب کہ ہر ایک ہسپتال میں دیسی طریقہ علاج ہو جائے - اور دیسی دواؤں کا استعمال بھی شروع ہو جائے گزشتہ ۱۰۰ سالوں میں دیسی طریقہ علاج کو صرف اس لئے زیادہ نقصان پہنچا ہے کہ وید اور حکیم اپنے نسخوں کو راض میں رکھتے ہیں - ہم لوگ تو آپ کے خدمتگار ہیں - ہم آپ کی ہر ایک مشکل کو دور کریں گے - لیکن جہاں حکومت کی عدم توجہی دیسی علاج کو نقصان پہنچا رہی ہے وہاں وید اور حکیموں کے طرز عمل کو بھی بہت دخل ہے - جس روز سے میں صحت کے محکمہ کا وزیر ہوا ہوں - ہمیشہ سوچتا ہوں کہ میں دیسی طریقہ علاج کی کیا خدمت کر سکتا ہوں -

[شری عبدالطیف : جناب چیئرمین صاحب - پچھلی مرتبہ آپ نے ہی مجھے کو ہیلتھ پر بولنے کی اجازت دی تھی - اور میں نے منسٹر صاحب کی خدمت میں کچھ باتیں پیش کی تھیں - اب دیکھنا یہ ہے کہ کس حد تک ان میں کامیابی ہوئی ہے -

کچھ نہ پوچھئے میں آپ سے کیا عرض کرنے کو ہوں -

آپ کے صفحہ پر آپ سے گلا کرنے کو ہوں -

میں نے آپ سے عرض کیا تھا کہ آیورویدک اور طبیہ کالج دھلی کو گاندھی اور اجمل کے نام سے رسرچ کالج بنایا جائے - بہر حال میں نے اس کے بعد ایک ریزولیشن بھی اسی سلسلہ میں بھیجا - مجھے کو جواب دیا گیا کہ چونکہ مقدمہ زیر سماعت ہے لہذا تجویز پیش کرنے کی اجازت نہیں دی جا سکتی - کوئی شک نہیں ہے کہ مجبوری ہے - اور مجبوری ہے کہاں سے - حکیم اجمل خاں صاحب کے صاحبزادے کی طرف سے - جس نے پہلے دواخانہ ختم کیا اور اب کالج کو ختم کر رہا ہے - بہر حال

اس گھر کو آگ لگ گئی گھر کے چراغ سے-

لیکن گورنمنٹ کو یہ فیصلہ کرنا ہے کہ وہ اس بیماری کو ضرور قائم رکھے گی اور مٹنے نہیں دے گی -

[شر عبدالطیف]

کی لیسٹ ''دیہاتی معالیج'' نام کی کتاب میں شایع کی ہے - ۱۶۶ دواؤیں جو کہ صرف گاؤں میں پیدا ہوتی ہیں - ان کو شائع کیا گیا ہے - اور معمولی پڑھا لکھا دیہات کا آدمی آسانی سے اس کو پڑھ کر اپنا علیج کر سکتا ہے جس کو وہ اب ہندی اور انگریزی میں بھی شائع کر رہے ہیں - ایک پندرہ روزہ ''ہمدرد'' مستقل طور پر اس کام کے واسطے نکلتا ہے - جو مریض ان کے پاس جاتے ہیں ان کے واسطے ایک بورڈ بیٹھتا ہے اور ان مریضوں کو دیکھنے کے بعد یہ فیصلہ کرنا ہے کہ ان کو فلاں دوا استعمال کرنی چاہئے اور پھر وہ اسی اخبار میں شائع کرتے ہیں - ایک ماہواری ''ہمدرد صحت'' کا رسالہ نکلتا ہے - جو آپ نے فرمایا تھا کہ حکیم اور وید اس واسطے ناکامیاب ہیں کہ وے اپنے نسخوں کو راز میں رکھتے ہیں - اس کے سلسلہ میں میں بتلانا چاہتا ہوں کہ اب وہ اتنے بیدار ہو گئے ہیں کہ وہ اپنے نسخوں کو عوام کے سامنے لا رہے ہیں - جو ۱۶۶ دواؤں کی لسٹ ''دیہاتی معالیج'' نام کی کتاب میں چھپی ہے وہ دو جلدوں میں نکلی ہے اور اس کو ہندی اور انگریزی میں ترجمہ کرکے شائع کروایا جا رہا ہے -

اب میں آپ سے عرض کرنا چاہتا ہوں کہ آپ نے اس وقت تک آیورویدک

یہ بات آپ نے جو کانفرینس علی گڈھ میں ہوئی تھی - اس میں اپنی تقریر میں کہی تھی - اب دیکھنا یہ ہے - اور میں آگے چل کر عرض کرونگا - کہ یہ جو آپ نے فرمایا ہے اس پر عمل کتنا ہوا ہے ہیدوں اور حکیموں میں عام بھبھلی ہے - ڈیپوٹیشن آ رہے ہیں - ہمارے پاس تار آ رہے ہیں - لوگ جب ہم سے گفتگو کرتے ہیں تو ہم ان سے کہتے ہیں کہ ہمدم مرداں مدد خدا سفینہ برگ گل بنا لیگا ناقلہ میرے ناتواں کا - ہزار موجوں کی ہو کش مکش مگر وہ دریا کے پار ہو گا -

یعنی جو چیز انگریزوں کے زمانے میں قیود سو سالوں تک ختم نہیں ہوئی - تمہاری حکومت کے زمانے میں وہ ختم نہیں ہو سکتی - وہ زندہ رہے گی اور یہی پارلیامنٹ آپ کی امداد کرے گی اور اتنی امداد کرے گی کہ ایاریویٹیک جتنے عروج پر پہنچتی ہوئی ہے وہاں یہ دیسی طریقہ علیج پہنچ جائے -

اب میں آپ سے یہ عرض کرتا ہوں کہ آپ نے یہ چیزیں فرمائی تھی کہ میں چاہتا ہوں کہ کوئی حکیم اور وید ایسی دواؤں شائع کرے جو کہ ہم ہر ایک اسپتال میں استعمال کر سکیں - تو میں آپ کو یہ خوشخبری سنانا چاہتا ہوں کہ حکیم عبدل حمید صاحب نے ۱۶۶ دواؤں

آپ نے اختیار کیا ہے وہ یہ ہے کہ ایلوپیتھی کو زیادہ سے زیادہ رقم دی جاتی ہے - میں ہرگز اس کا مخالف نہیں ہوں کہ آپ یہ ضروری ریسرچیز نہ کرائیں جتنی بھی ریسرچیز آپ ضروری سمجھیں کرائیں لیکن اس دیشی طریقۂ علاج کو نظر انداز نہ کیا جائے اور ایسا کرنا ان کے ساتھ بڑا ظلم کرنا ہوگا -

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ایادھیکس مہودئے: منسٹر صاحب تو ان پر نظر نہیں اُٹھاتے لیکن آپ ادھر ہی متوجہ ہو رہے ہیں - میں آپ طرف نظر رکھے ہوئے ہوں - آپ میری طرف بھی نظر کریں -

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شری عبدالطیف : بہت اچھا - اب میں آپ سے یہ عرض کرنا چاہتا ہوں کہ انگریزوں کی حکومت کے زمانے میں جو یونانی اور آیورویدک طب کے کالجیز چل رہے تھے وہ آج ایسا دم توڑ رہے ہیں .....]

Shri Narayanankutty Menon: At least the hon. Minister should show some superficial attention.

Shri Karmarkar: I am all attentive. I am making detailed notes.

Shri Narayanankutty Menon: The notes that the hon. Minister is making are not the notes of the speeches of hon. Members. I can challenge that.

Shri Karmarkar: I think he is on television. But all these notes are being very carefully recorded except perhaps some which do not need to be recorded.

اور یونانی کی کیا امداد کی ہے - پہلی پانچ سالہ پلان میں آپ نے کوئی امداد ہی نہیں کی - دوسری پانچ سالہ پلان میں آپ نے سوا چھ کروڑ روپیے اس کے واسطے نکالے تھے - جس میں کہ ہومیوپیتھک - آیورویدک یونانی - سب چیزیں تھیں- ایک کروڑ روپیہ آپ نے سیفٹر میں رکھا ہے اور سوا پانچ کروڑ روپیہ آپ نے دیا ہے صوبوں کو -

میں آپ سے دریافت کرنا چاہتا ہوں کہ جہاں اربوں روپیہ آپ اس وقت ایلوپیتھی پر صرف کر رہے ہیں ایلوپیتھی پر تو کیا اس ملک کے واسطے جہاں پر کہ ۳۶ کروڑ انسان ہوں اور جس دیش کے کہ ۸۵ فیصدی رہنے والے صرف آیورویدو و یونانی طب کے علاج کو کرنا پسند کرتے ہوں اور وہ طریقے علاج جس کو کہ ایلوپیتھی کہتے ہیں وہ ان کے مزاج کے موافق نہ ہو اور بہت گراں ہو - یہ کہاں تک ٹھیک ہوگا کہ ہم ایلوپیتھی پر تو اتنی رقم خرچ کریں اور آیورویدو و یونانی پر اتنا کم خرچ کریں - میں نے پچھلی مرتبہ بھی یہ عرض کیا تھا کہ یہ ۸۵ فیصدی آبادی جو اس ملک کی ہے اس کو کوئی خاص دلچسپی ایلوپیتھی سے نہیں ہے لیکن اس کا مطلب یہ نہیں ہے کہ میں اس کی مخالفت کر رہا ہوں - میں آپ سے عرض کرونگا کہ جو طریقہ

[شری عبدالطیف : میسور - پٹیالہ - بھوپال - علیگڑھ اور حیدرآباد کے یونانی کالیجیز کی آپ نے کیا امداد کی ہے - جب انگریز یہاں پر موجود تھے تب تو یہ ہمارے کالیجیز زندہ تھے لیکن آج جب کہ ہمارے دیش میں اپنی سرکار قائم ہے تب یہ کالیجیز دم توڑ رہے ہیں - صورت یہ ہے کہ یہ تمام کالیجیز یا تو بند ہو گئے ہیں یا بند ہونے کے قریب ہیں اور آپ نے کوئی امداد ان کی نہیں کی ہے - میں آپ سے یہ عرض کرنا چاہتا ہوں کہ جتنا آپ فیملی پلاننگ پر خرچ کر رہے ہیں اس کا کچھ حصہ اس پر بھی لگا دیجئے - میرے دوست بھارگو صاحب نے بڑی امیدیں ظاہر کی ہیں کہ فیملی پلاننگ ضرور کامیاب ہوگی میں بھی سمجھتا ہوں کہ وہ یقیناً کامیاب ہوگی - اور اس کو کامیاب ہونا بھی چاہئے لیکن جتنی آپ اس طرف توجہ کر رہے ہیں وہ تو آپ کریں ہی لیکن اس طریقۂ علاج کو جسے کی دیسی طریقۂ علاج کہتے ہیں اس کو نظر انداز نہ کیا جائے - میں نے جیسے پہلے بھی عرض کیا تھا اس کو پھر کہہ دینا چاہتا ہوں -

سفینہ برگ گل بنالے گا قافلہ میرے ناقوں کا - ہزار موجوں کی ہو کشمکش مگر وہ دریا کے پار ہوگا -

آیورویدک اور یونانی طبعیب ارادہ کر چکے ہیں کہ وہ اس کو قائم رکھینگے -

جب اس دیشی طریقے علاج کو انہوں نے انگریزوں کے زمانے میں قائم رکھا تب تو وہ یقیناً آج کے زمانے میں اس کو قائم رکھینگے - آپ کی ہمدردیاں ان کے ساتھ ہونی چاہئیں - میں حکیموں اور ویدوں سے درخواست کرنا چاہتا ہوں کہ آج یہ جو ان میں رقابت ہو رہی ہے وہ قطعی طور پر غلط ہے اور مجھے اس میں کوئی بھی شبہ نہیں ہے کہ اگر یہ رقابت چلنے دی گئی تو یہ دونوں دیشی طریقے علاج ختم ہو جائینگے - اب میں بتلادوں کہ میرے دوستوں کی تقریریں یہاں پر ہوئیں تو مجھ سے آکر یہ کہا گیا کہ میں یونانی طب کے واسطے کہوں تو میں نے ان کو کہا کہ آپ یہ کیا غضب کرتے ہیں - دونوں ہی چیزیں اپنی ہیں اور ان کو ایک دوسرے سے جدا کیوں کرتے ہو - اس لئے حکومت ہو یا وید ہوں یا طبعیب اگر وہ لوگ یونانی اور آیورویدک کو جدا کرینگے تو وہ یقیناً ختم ہو جائینگے اور میں امید کرتا ہوں کہ حکومت یونانی اور آیورویدک دونوں طریقے علاج کو بڑھاوا دینے کے لئے ضروری قدم اٹھائیگی اور وہ اپنی پوری قوت ان پر ہی صرف نہیں کریگی - حکومت کو یہ دیکھنا ہوگا کہ یہ دونوں دیسی طریقے علاج قائم رہیں اور دن پر دن ترقی کریں - میری درخواست ہے یہ ہے کہ حیدرآباد اور علیگڑھ کو ریسرچ کالیج بنایا جائے اور زیادہ سے زیادہ ان کی امداد کی جائے اور جتنے بھی طبی

ہوں ان کو بھی کمپلسری طور پر ناکارا کیا جائے - جیسے کہ بھارگوہ صاحب نے کہا ہے کہ [یہ بہت پر امید ہے لیکن میں پر امید نہیں ہوں اور وہ اس واسطے کہ یہ حقیقت میں ایک بڑا سوال ہے جو ملک کے سامنے درپیش ہے اور دوسرے مسئلوں و چیزوں سے اس کا واسطہ ہے اور اگر میں تفصیل میں اس کی بابت عرض کروں تو یہ معاملہ لمبا چلا جائیگا -

اپادھیکش مہودے : لمبا نہ جانے دیجئے -

شری عبدالطیف : درست ہے میں لمبا نہیں کرتا - میں ایک بار پھر آپ سے عرض کرتا ہوں اور جو کہ میں نے پچھلی مرتبہ اپنی تقریر میں عرض کیا تھا کہ جو آپ علیگڈھ کانفرنس میں اعلان کر آئے ہیں کم از کم اس کی طرف تو آپ کی توجہ ہونی چاہئے - یہ ضروری نہیں ہے کہ میں یہ عرض کروں کہ ایلوپیتھی سے بڑھ کر آپ اس میں کیجئے لیکن کم از کم اتنا تو ہو کہ جہاں آپ ایلوپیتھی کو لاکھوں روپئے دیتے ہیں تو آدھا آیورویدک اور یونانی طب کو دیا جائے- جتنے بھی کالجیز کا میں نے ذکر کیا ان کی زیادہ سے زیادہ امداد رہنی چاہئے تاکہ یہ زندہ رہ سکیں -

آخر میں میں پھر آپ سے عرض کرنا چاہتا ہوں کہ جتنی امیدیں کالجیز بند ہو رہے ہیں ان کو بند ہونے سے روکا جائے اور یہ دیکھا جائے کہ وہ ٹھیک طرح سے چلتے ہیں اور ان کو چالو کیا جائے -

فیملی پلاننگ کے متعلق میں عرض کرنا چاہتا ہوں .....

پنڈت ٹھاکر داس بھارگوہ : کیا آپ کو معلوم نہیں ہے کہ گورنمنٹ نے یہ تہیا کیا ہوا ہے کہ ایک ہی سسٹم رہیگا ایلوپیتھک سسٹم رہیگا اور دوسرے نہیں رہینگے -

شری عبدالطیف : جی ہاں گاندھی جی نے سنہ ۱۹۲۰ کی کانگریس میں ایک تجویز پاس کی ہے کہ آیورویدک اور یونانی طب کو زیادہ سے زیادہ انکرج کیا جائے لیکن آج دیکھئے کہ ہم کیا کر رہے ہیں -

پنڈت ٹھاکر داس بھارگوہ : سنہ ۱۹۳۸ کی پالیسی کو دیکھئے جس میں کہ ان سب باتوں کو ختم کر دیا گیا ہے اور اس کو منسوخ کر دیا گیا ہے -

شری عبدالطیف: میں فیملی پلاننگ کے متعلق عرض کر رہا تھا - میں اتنا پرامید نہیں ہوں جتنے کہ بھارگوہ صاحب ہیں.... (*Interruption*)

میں یہ کہتا ہوں کہ آپ اس سلسلے میں ایک چیز کریں اور وہ یہ کہ جتنے بھی کمزور بیمار بچے پیدا ہوتے ہیں ان کو کمپلسری طور پر ناکارا کیا جائے اور اسی طرح جتنے جوان کمزور اور بیمار

[شری عبدالطیف]

آپ سے وابستہ تھیں اور جتنا ہم امید کرتے ہیں کہ آپ کے ذریعہ سے اس دیہی طریق علاج کو بڑھاوا ملیگا اور امداد ملیگی وہ ہماری امیدیں پر آنی چاہئیں - آپ کا طرزعمل ایسا نہ ہو کہ آپ کا روح تو ادھر کو ہو اور آپ اس طرح کی علیگڈھ کانفرنس والی لبھانے والی تقریر کریں اور نتیجہ اس کا کچھ بھی نہ ہو -]

Mr. Deputy-Speaker: Shri Radha Raman. Next I will call Shri Achaw Singh.

श्री राधा रमण: उपाध्यक्ष महोदय, असेंबराज से बुजुर्गों ने एक बात कही है और वह यह है कि अच्छे विचार या अच्छे स्वच्छ विचार सिर्फ स्वच्छ जीवन में ही या स्वच्छ शरीर में ही रह सकते हैं। यह बात ऐसी है कि जो परम्परा से इसी प्रकार से कही गयी और इसी प्रकार से समझी गयी है इस सदन में जब स्वास्थ्य मंत्रालय के खर्च की मांगों की चर्चा चल रही है तब हम यह देख रहे हैं कि इतने अहम विषय पर हमारी सरकार और विशेषकर प्लानिंग कमीशन जो रकम स्वास्थ्य मंत्रालय को इस काम के लिये देता है वह बहुत ही ना काफी रकम है । उसके रहते जो हम बड़ी बड़ी उम्मीदें रखते हैं वह भले ही बड़े से बड़ा और अच्छे से अच्छा सुयोग्य और सकुशल मंत्री भी इस मंत्रालय के ऊपर क्यों न आजाय हमारी आशाओं को पूरा नहीं कर सकेगा ।

मैं जनाब की तवज्जह इस तरफ दिलाना चाहता हूं कि स्वास्थ्य मंत्रालय ने सेकंड फाइव इयर प्लान के लिए जो रुपया मांगा था उस रुपये की रकम २७५ करोड़ रुपये के करीब समझी गई थी लेकिन पिछले प्लान में उस रकम को घटा कर २४५ करोड़ रुपये कर दिया गया और अब तीसरे प्लान के अन्दर भी स्वास्थ्य मंत्रालय के लिए यह ख्याल किया था कि लगभग ७०० करोड़ रुपया उसको चाहिए जिससे कि जो आशाएं वह मुल्क के सामने रखते हैं, उनको पूरा कर सकें लेकिन अब उस रकम को घटा कर कुल ३०० करोड़ रुपये की रकम देने का ख्याल प्लानिंग कमीशन की तरफ से हो रहा है ।

मैं जनाब के जरिए, सदन के तमाम मेम्बरों की सहायता से, प्लानिंग कमीशन तक यह बात पहुंचाना चाहता हूं कि अगर यह कहावत सही है कि किसी स्वस्थ शरीर में ही स्वस्थ जीवन बन सकता है या सवस्थ विचार रह सकते हैं, तो और मंत्रालय की मांगों को जितनी अहमियत दी जाती है उससे कहीं ज्यादा अहमियत इस मंत्रालय की मांगों को देना चाहिए । हम कितनी ही कहे चले जाएं कि हमारे देश में स्वास्थ्य का प्रचार हो, शरीर स्वस्थ हो, विचार स्वस्थ हों, कार्य स्वस्थ हों, मगर उसके लिए अगर आवश्यक धनराशि न मिले तो हमारी वह आशा पूरी नहीं हो सकती ।

मैं आपकी खिदमत में कुछ आंकड़े रखना चाहता हूं जिससे यह जाहिर होता है कि हमारे मुल्क में जहां तक स्वास्थ्य का ताल्लुक है और मुल्कों के मुकाबले में कितना रुपया खर्च होता है । आप यूनाइटेड किंगडम की तरफ देखिये, क्योंकि हम उसकी तरफ बहुत ज्यादा देखते हैं और उसकी नकल करते हैं, यानि उसी के मुताबिक चलने की कोशिश करते हैं । यूनाइटेड किंगडम की टोटल नेशनल इनकम का करीब साढ़े नौ फीसदी स्वास्थ्य पर खर्च होता है । इसी तरह से अगर हम यू० एस० एस० आर० की तरफ देखें, तो उसकी कुल रेवेन्यू का ६ फीसदी स्वास्थ्य के लिये खर्च किया जाता है । और मुल्कों का भी यही हाल है, और यह तब है जब कि उनके यहां के लोगों की सेहत की हालत हलके हलके हमारे मुकाबले में बहुत ज्यादा बढ़ गयी है। अगर आप कनाडा, आस्ट्रेलिया, यू० एस० ए० वगैरह को लें तो आप देखेंगे कि उनके यहां लोगों का स्वास्थ्य हमारे मुकाबले सौ फीसदी ज्यादा अच्छा

होगा । ऐसे मुल्कों के टोटल इनकम का ९ से १० फीसदी रुपया जनता के स्वास्थ्य के लिए खर्च किया जाता है । ऐसी हालत में अगर हिन्दुस्तान की सरकार यह ख्याल करे कि वह अपनी कुल आमदनी का ५ फीसदी खर्च करके जनता के स्वास्थ्य को सुधार सकेगी और उनके रोगों का निवारण कर सकेगी तो यह नामुमकिन बात है । हमारे बहुत से मोहतरिम दोस्तों ने जिनमें डाक्टर भी शामिल हैं, बहुत सारी खामियों की तरफ तवज्जह दिलायी है मंत्री महोदय की और खासतौर पर मंत्रालय की । मैं भी समझता हूं कि वह चीजें तवज्जह देने के लायक हैं । आज कोई भी यह नहीं कह सकता कि हमारे मुल्क में जहां तक स्वास्थ्य का ताल्लुक है, हम कोई ऐसी जगह पर पहुंच गए हैं जहां हमें संतोष हो सकता है । निःसन्देह आज हमारे देश के अन्दर स्वास्थ्य की तरफ बहुत ज्यादा तवज्जह देने की जरूरत है । अगर मनुष्य का स्वास्थ्य ठीक न हो तो न उसके विचार स्वच्छ हो सकते हैं और न उसका जीवन स्वच्छ हो सकता है और बाकी के जितने भी काम हैं वह बेकार हो जाते हैं इसलिए मैं निहायत अदब से यह अर्ज करूंगा कि हम इस सदन द्वारा अपनी सरकार को बता सकें कि जो रकम स्वास्थ्य मंत्रालय को साल ब साल और खास तौर पर पांच साला प्लान के अन्दर अब तक दी गयी है वह बहुत नाकाफी है और उस रकम को बढ़ाने की जरूरत है ।

इस सिलसिले में मैं एक बात और भी अर्ज कर देना चाहता हूं । वह यह कि अगर हमारे मुल्क में हम लोगों का अच्छा स्वास्थ्य चाहते हैं तो जहां उसके लिए खाने की वस्तुओं का महत्व है, अच्छी हवा का महत्व है, वहां स्वास्थ्य को कायम रखने के लिए बड़ी हद तक पीने के पानी का भी महत्व है । हमारे माननीय दोस्त पंडित ठाकुर दास साहब ने इस पर काफी विचार सदन के सामने रखे हैं । मगर मैं इस बात को जोर से कहना चाहता हूं कि अगर हम कोई अच्छा नतीजा निकालना चाहते हैं और लोगों के स्वास्थ्य को इम्प्रूव करना चाहते हैं तो उस काम के लिए जो रकम सरकार ने रखी है वह नाकाफी है और इतनी रकम से हम वह नतीजे हासिल नहीं कर सकते जो कि हम हासिल करना चाहते हैं ।

इस सिलसिले में मैं एक बात और अर्ज करना चाहूंगा कि बहुत बार हमारे जो विशेषज्ञ और वैज्ञानिक हैं वह कहते हैं कि खास तौर से साफ किया हुआ और फिल्टर किया हुआ और साइंटिफिक तरीके से और वैज्ञानिक रीति से हासिल करके पीने का पानी शहर और गांवों को दिया जाए । वह किसी दूसरे जरिये को प्रयोग में लाने को तैयार नहीं होते । मैं निहायत अदब से अर्ज करना चाहता हूं कि अगर हम एक बहुत ऊंचा आदर्श अपने सामने रख लें जिसको हम अपनी जिन्दगी में या अपनी आने वाली नस्ल की जिन्दगी में भी पूरा न कर सकें तो उससे क्या फायदा होगा । आज जरूरत इस बात की है कि जो हमारे पानी हासिल करने के पुराने तरीके हैं और जो नए तरीके हैं उन दोनों को इकट्ठा करके आगे चलने की कोशिश करें । यह हो सकता है कि शहरी इलाकों में आप भले ही दरियाओं से या झीलों से पानी ले आएं और कुछ अन्य उपायों से अच्छा पीने का पानी, जो कि वैज्ञानिक ढंग से स्वास्थ्य के लिए मुनासिब हो, मुहय्या कर सकें । लेकिन अगर आप यह खयाल करें कि इस तरह के नल हर गांव में पहुंच जायेंगे तो यह चीज आपकी तीसरी, चौथी और पांचवीं योजनाओं में भी नहीं हो सकेगी । मैं कहता हूं कि इस बात में क्या दिक्कत हो सकती है कि सरकार इस तरफ भी तवज्जह दे कि वहां कुएं हैं, जिनको हर साल साफ नहीं कराया जाता और जिनका पानी पीने से गांवों के लोगों को बीमारियां हो जाती हैं उनको थोड़ा सा रुपया लगाकर साफ कराया जाए और उनको ढक कर रखा जाए और उनमें समय समय पर कुछ कैमीकल्स डाल कर पानी

[श्री राधा रमण]

को स्वच्छ बना दिया जाए और वह पानी गांवों को इस्तैमाल के लिये दिया जाए। उससे भी बहुत फायदा हो सकता है। अगर आप उनको फिल्टर्ड और अच्छा पानी न दे सकें तो कम से कम इतना तो आप कर ही सकते हैं।

मैं देखता हूं कि बहुत से सरकारी अफसरान जो स्वास्थ्य मंत्रालय से ताल्लुक रखते हैं, वह एक ऐसा खयाल अपने दिमाग के अन्दर बना कर चलते हैं कि चाहे वह देशी दवाओं का ताल्लुक हो, चाहे वह सौ बरस पुराने हमारे किसी रिवाज का ताल्लुक हो, चाहे वह पानी लेने का ताल्लुक हो या और कोई चाज हो, वह समझते हैं कि आज के वैज्ञानिक युग के मुकाबले जो पुराना जमाना था वह अंधकार का जमाना था और उस जमाने में शायद कोई स्वस्थ आदमी रहता ही न हो। वह अपने नए नए तरीकों को ही जीवन का सार समझते हैं और समझते हैं कि यही स्वच्छता और स्वास्थ्य की निशानी है। मैं समझता हूं कि यह बात हमको अपने दिमाग से दूर करनी चाहिये, विशेष कर ऐसे मुल्क में जहां ४३ करोड़ इन्सानों की, चाहे स्त्रियां हों या पुरुष, हमको देखभाल करनी है और उनको निरोग रखना है, और अगर निरोग नहीं रखना है तो कम से कम उन्हें बड़े रोगों से बचाना है। जिनको आज वह अपने अन्दर पाते हैं और अपने देश के लिए भार बन जाते हैं। मैं निहायत अदब से अर्ज करूंगा इस चर्चा के दौरान में बहुत से माननीय सदस्यों ने जो यह कहा कि बुनियादी होनी चाहिये, तिम्बी होनी चाहिये और इस तरफ सरकार की तवज्जह नहीं है और ऐलोपैथी पर ही बहुत ज्यादा रुपया खर्च किया जाता है। वह निहायत सही है। अगर यह बात मेरी समझ में बिलकुल नहीं आती। ऐसा क्यों होता है कि वैसे ऐसे ऐलोपैथिक डाक्टर देखे हैं जिनमें स्वदेशी की भावना है, जो देश से प्रेम करते हैं, वह समझते हैं कि अगर छोटी छोटी बीमारियों में देशी दवाओं का इस्तैमाल किया जाए जिनको आयुर्वेद या हिकमत वाले इस्तैमाल करते हैं तो बगैर बहुत पैसा खर्च किए वह बीमारियां दूर हो सकती हैं। लेकिन बहुत से ऐसे ऐलोपैथिक फैनेटिक्स हैं कि जो कहते हैं कि यह दवा आयर्वेदिक या यूनानी हिकमत की है इसलिये इसको हाथ लगाना ऐलोपैथी की बेइज्जती करना है। हमारे मुल्क में विशेष कर इस सरकार के बनाने वालों ने और उसके नेताओं ने हमेशा देश के सामने यह बात रखी कि स्वदेश को प्रेम करने वाले और देश के प्रति सद्भावना रखने वाले आदमी यह सोचेंगे कि अपने देश के अन्दर क्या चीज पैदा हो सकती है और क्या होती आ रही है, और उसकी तरफ ज्यादा ध्यान दिया जाएगा। मैं मंत्री महोदय से प्रार्थना करूंगा कि वह देश में ऐसी हवा फैलाएं कि जिससे ऐलोपैथिक डाक्टर यह महसूस करें कि जो छोटी छोटी दवाइयां जड़ी बूटियों की हैं और जो देश के अन्दर परम्परा से चली आती हैं और जिनके द्वारा सैकड़ों और हजारों आदमियों को फैज पहुंचता रहा है उनको प्रयोग किया जाए और जिन रोगों में उनके प्रयोग से मर्ज बढ़ने की आशंका न हो उनमें उनको ट्राई किया जाए ताकि सस्ते दामों में इन बीमारियों का इलाज हो सके। मैं सोचता हूं क्यों नहीं एलोपैथिक डाक्टर आजकल अपने दिमाग को इस तरह बनाते हैं कि हमें पहले उन सस्ती और आसानी से प्राप्त आयुर्वेदिक और हिकमत की दवाईयों को ट्राई करना है, उसके बाद हम एलोपैथी की दवाई को ट्राई करेंगे। हो सकता है कि ऐसे रोगों का दुनिया के देशों में विशेष इलाज हुआ है या उनके सम्बन्ध में आविष्कार हुए हैं या जिन दवाओं का इस्तेमाल करने से वे रोग जल्दी दूर हुये हैं जैसे अल्सर का रोग है या इस किस्म के दूसरे रोग हैं उनके बारे में जो

वैज्ञानिक रीति से रिसर्च हुआ है और दवायें बनी हैं, उनको आप छोड़ दें। लेकिन आज सूरत यह है कि एक आदमी के पेट में अगर दर्द होता है और वह एलोपैथिक डाक्टर के पास जाता है तो वह उसको चार आने की कैपसूल दे देता है। जिस देश में एक आदमी की एक रुपया या दो रुपया ही रोजाना आमदनी है और उसके चार छः बच्चे हैं, और उस परिवार वाले व्यक्ति को यह कह दिया जाये कि तुम चार आने का एक कैपसूल रोज खाओ और चार दिन में तुम्हारा पेट का दर्द दूर हो जायेगा, तो यह उसके साथ ज्यादती होगी। वह कहां से इतना खर्च कर सकता है। आप कहते हैं कि आप हिन्दुस्तान में ऐसे दवाखाने खोल देंगे कि जहां मुफ्त दवायें मिलेंगे तो मैं कहता हूं कि यह ख्वाब है जो हमारी जिन्दगी में तो पूरा होने वाला नहीं है और न ही हमारे बच्चों की जिन्दगी में पूरा हो सकता है। क्या वजह है कि आप पेट के दर्द के रोगी को यह कहते हैं कि चार आने की कैपसूल पर विश्वास रखो और अदरक या का शहद का इस्तेमाल जोकि उसके मा बाप या बुजुर्ग करते थे और जिसके इस्तेमाल से रोग मिट जाता था या दवा कारगर साबित होती थी उस पर विश्वास न करे। कौन सी ऐसी युक्ति है जिस को सामने रख कर ये अन्वेषण किये जाते हैं? क्या ये इसलिये किये जाते हैं कि उनके रोजगार खत्म न हो जायें? कौन सी ताकत है जो एलोपेथी को खुदा की तरफ से मिली है और जिसके बारे में यह समझा जाता है कि इसके बगैर कोई चारा नहीं है . . .

पंडित ठाकुर दास भार्गव : कबिनेट का फैसला है कि एक ऐलोपेथिक सिस्टम ही रहेगा।

श्री राधा रमण : अगर कबिनेट का फैसला है तो मैं कहूंगा कि कबिनेट को भी इस पर फिर से विचार करना चाहिये। अगर विचार नहीं करती है तो मैं समझता हूं कि आम जनता की जो राय है, उस राय के मुताबिक वह काम नहीं करती है बल्कि उसके बिल्कुल खिलाफ काम होता है।

अब मैं दो तीन बातें दिल्ली के बारे में कहना चाहता हूं। दिल्ली के लिये दो एक बातें इस मंत्रालय की तरफ से बहुत दिनों से चली आती हैं। आप जानते हैं कि दिल्ली एक ऐसा बदकिस्मत सूबा है, जोकि छोटा जरूर है और अब वह यूनियन टेरिटरी बन गया है, कि उसमें बहुत सारे इलाज यहां न हो कर बाहर होते हैं। मसलन मैंटल अस्पताल की बात है। जब कभी भी मैंटल पेशेंट्स यहां होते हैं तो उनको आगरा, बरेली इत्यादि जगहों का मुंह देखना पड़ता है। हमारी सरकार ने इस बात क मंजूर किया है कि यहां दिल्ली में मैंटल अस्पताल होगा, मगर इस बात को चलते कई बरस हो गये हैं—

श्री जसराज सिंह (फिरोजाबाद) : बहुत बड़ा मैंटल अस्पताल दिल्ली हो गया है।

श्री राधा रमण : मैं समझता हूं कि उसकी तरफ जितनी तवज्जह देनी चाहिये वह नहीं दी जा रही है और वह अस्पताल बनना चाहिये।

लेपरेसी के लिये यहां पर एक कालोनी बनाने का ख्याल था। बहुत से जो लपरेसी के पेशेंट्स थे उनको ले जाकर शाहदरा में डाल दिया गया और यह उम्मीद दिलाई गई कि लपरेसी कालोनी बनेगी और अब बनेगी लेकिन अभी तक नहीं बनी है। जितने हल्के हल्के यह काम चल रहा है जो देर लग रही है वह वाजिब नहीं है और मैं चाहता हूं कि इस काम को जल्दी किया जाये।

मैं सदन को याद दिलाना चाहता हूं कि दिल्ली के लिये मास्टर प्लान की बात बहुत देर से सुनने में आ रही है। इसकी चर्चा आठ दस साल से बराबर सुनने को मिल

[श्री राघा रमण]

रही है और यही पता चलता रहा है कि अब वह तैयार होगा, अब तैयार होगा लेकिन आज तक किसी को पता नहीं चला है कि वह कब आएगा, कितना बड़ा होगा, कितने इलाके के अन्दर उसको लागू किया जायेगा और क्या क्या उसके अन्दर सहूलियतें दी जायेंगी। बहुत सी बातों के बारे में हम बड़े पैमाने पर सोचते हैं लेकिन जहां तक हमारी चाल का ताल्लुक है हमारी चाल चींटी की सी रहती है। इसका नतीजा यह होता है कि आदमी बराबर तकलीफ पाता रहता है और जब मरने लगता है तो खयाल करता है कि मेरी रूह को मरने के बाद मास्टर प्लान का लाभ पहुंचेगा, मुझे जीते जी तो वह मिलने वाला नहीं है। वाजपेयी जी ने कहा कि ३४,००० एकड़ जमीन आप ने फ्रीज कर ली, बड़ा अच्छा किया। हम सोचते थे कि दिल्ली के इर्द गिर्द के लोगों को आप आराम पहुंचा देंगे और जो जमीन की प्राइसिस बढ़ रही है बेतहाशा और जो लोगों को जमीनें खरीदने का और नफा कमाने का लालच हो गया है, वह बन्द हो जायेगा। इस लिये हमने उस कदम का स्वागत किया। लेकिन नतीजा यह हुआ कि नये मकान बनने बन्द हो गये और जिन लोगों की कालोनीज मंजूर हो गई थीं उन कालोनीज में जमीन का भाव दस रुपये के बजाये बीस और पच्चीस रुपये गज हो गया लोग परेशान हैं और वे सोचते हैं कि क्या करें। मकान मिलते नहीं हैं, वे करें तो क्या करें। बहुत से अनआथोराइज्ड स्ट्रक्चर हमारे दिल्ली में बनते जा रहे हैं। हम चाहते हैं कि दिल्ली के अन्दर सैनिटेशन अच्छा हो परन्तु ऐसा हो नहीं पाता है। मैं बड़े अदब से अर्ज करना चाहता हूं कि मामलों को सुलझाने की आप और आप ज्यादा जल्दी करें, अपनी रफ्तार को जरा और तेज करें और अगर आपने ऐसा किया तो लोगों के दिलों व दिमागों में कुछ थोड़ा उत्साह पैदा हो सकता है, उनको कुछ थोड़ी सी राहत और आराम मिल सकता है। बातें बहुत लम्बी लम्बी हों, बड़े अच्छे अच्छे ख्वाब हों, बड़े बड़े उद्देश्य हों, उनको कौन नहीं पसन्द करेगा हम भी पसन्द करते हैं। मगर कदम अगर उनके मुताबिक नहीं उठते हैं, हल्के कदम उठते हैं, बरसों व्यतीत हो जाते हैं और कदम आगे नहीं उठता है, तो वह आदेश और वह उद्देश्य बिल्कुल बेकार हो जाता है, उसका कोई असर जनता पर नहीं होता है। इस वास्ते मैं चाहता हूं कि आप तेज कदम उठायें और जो उद्देश्य है उसको पूरा करें।

कहने को तो और भी बातें मुझे कहनी थीं लेकिन चूंकि समय नहीं है इसलिये मैं समाप्त करता हूं।

Shri L. Achaw Singh (Inner Manipur): I have moved a number of cut motions and I want in today's discussion to concentrate on some important aspects of medical and health services of this country, and in particular, the health and medical services of the Union Territories like Manipur.

In the Report of the Health Ministry for the year 1959-60, many achievements have been mentioned, but they are far from meeting our requirements and satisfaction. We have not been able to achieve the target laid down by the Second Five Year Plan of a doctor for every 5,000 of the population. Then again, medical facilities are not available in the remote and rural areas of this country. When hospitals and dispensaries are opened in the community development projects, we find there are no nurses and no qualified doctors. We find in the five lakhs villages of our country that the prevalence of the water-borne diseases like dysentery, diarrhoea and cholera is very common. The Bhore Committee have revealed in their report that the rate of mortality in this country is double that of any modern country. Again, the rate of infantile mortality is five times that of New Zealand and Australia. Unfortunately, the large

sums of money which had been allotted during the First Five Year Plan had not been fully utilised. Again, during the first three years of the Second Five Year Plan also, there have been huge shortfalls in actual expenditure. In the case of rural water supply and sanitation, the establishment of TB clinics and the development scheme of the All India Institute of Mental Health at Bangalore, there have been huge shortfalls in the actual expenditure as compared with the budget estimates, during the last three years.

The state of health education and health consciousness in this country is very miserably poor. I had been to a foreign country in the year 1958, and that was the country of China. Whether right or wrong, we have many things to learn from that country. I have been very much impressed by the strict rules observed by the people regarding cleanliness and regarding the prevention of diseases. I could not see flies anywhere. Flies are enemy No. 1 to the public health of any country. In trains, in restaurants, in the waiting rooms, in the factories, and in the schools, and in fact, wherever I went, I did not find any flies; I went to the rural areas also, but neither in the towns nor in the rural areas were any flies to be seen. Everything is put under a cover, so that flies may not infact it and may not communicate and diseases. One day, I was travelling in a train, and I found a lady passenger picking up the complaint book, because there was a fly sitting on the table. She wrote down immediately a complaint in my presence. But, in this country, we find that there are swarms of flies everywhere, in the waiting rooms, in the trains, and in fact, even in the dining halls. Even in Parliament, we found the other day flies settling on our tables. They carry the germs for every disease. Therefore, it should be the duty of Government to eradicate the flies and their breeding places, so that we may be completely free from communicable diseases.

In the towns, especially the municipal towns, I found that there was no beggar problem at all. But, here, it is a problem which has been confronting us very much, and it has to be tackled seriously in this country.

I saw also a number of hospitals and dispensaries there. I found that the indigenous systems of medicine have been given equal patronage as allopathy. There is a system there called acupuncture, according to which they put needles into the veins, and many people take advantage of that system. I do not know whether people here would like it, because there may be some people who would be averse to it.

Now, I come to the major health problem of this country. The Estimates Committee of the Second Lok Sabha in their Thirty-Seventh Report have remarked:

> "The funds provided for tuberculosis control are themselves inadequate for the effective and early control of this scourge. Even out of the inadequate funds provided, there have been huge shortfalls in the actual expenditure compared to the budgeted estimates for various control schemes during the First Plan and the first two years of the Second Plan. This indicates that the urgent need of tackling the problem of tuberculosis on a national basis has not yet been fully realised".

The National Tuberculosis Survey has revealed that about 5 millions of India's population, that is, about 1.3 per cent, are suffering from pulmonary tuberculosis. The number of infectious cases will be at least 1.5 million, that is, about 0.4 per cent of the population. From a comparison of the rate of mortality due to this disease in different countries, it is seen that India stands highest in the world in this respect. The Survey has revealed one very important fact,

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namely that not only in the towns, but also in the villages, there is high incidence of tuberculosis. That indicates that we have to give the highest priority to control of tuberculosis in this country.

The Survey has also shown that there may be areas in the crowded cities of this country where the incidence or prevalence of tuberculosis may be as high as 4 to 5 per cent of the population. These areas are generally inhabited by the poorer section of our people often living in extremely insanitary conditions. So, priority has to be given to the eradication and control of tuberculosis in these areas, particularly the urban and crowded areas. The city of Kanpur is the biggest industrial area in North India. It is said that Kanpur has got the biggest rate of incidence of tuberculosis.

Shri S. M. Banerjee (Kanpur): In the world.

Shri L. Achaw Singh: But there is only one 70-bedded hospital there. In the whole of U.P., there is only one tuberculosis sanatorium at Bhowali in Almora District, but then this is meant only for the rich people who can go and get treatment there, because the treatment is costly. There has been a demand for a 500-bedded hospital at Kanpur, and the State Government have also submitted a scheme to the Central Government. I would urge the Minister to consider that scheme and implement it at an early date.

Regarding the implementation of other control measures the Bhore Committee recommended that there should be 4,000 clinics, during the Second Plan. In 1956, there were only 22,500 beds as against our requirements of 5 lakhs beds. Now, it seems that this target will not be achieved during the Second Five Year Plan. The Study Group of the Estimates Committee which visited the Civil Hospital at Manipur has noticed another fact or another aspect of the problem. They saw that certain equipment had remained out of commission for a considerable period for want of repairs and replacements. Even when the replacements and repairs are done, they take a long time, with the result that these costly equipment remain idle for most of the time. Most of our clinics which have been opened are suffering from want of technical personnel as well as equipment. Even when the equipment is there, some of it remains idle for want of servicing facilities.

I am sorry to state that Government have failed to implement the anti-tuberculosis scheme in Manipur. Out of the original plan outlay of Rs. 5.47 lakhs, there is a provision of Rs. 2.19 lakhs to be utilised up to 1960-61. But there is only one year now for the completion of the Second Plan period, and it is very doubtful whether this amount itself will be utilised.

The proposal is to have a tuberculosis clinic at Imphal and to have another 100-bedded hospital. The TB clinic attached to the Civil Hospital at Imphal has no TB specialist doctor. On the 7th August, 1959, the Health Minister stated in reply to a question that because the building had not been constructed for the TB clinic, therefore, the specialists had not been appointed.

The TB hospital at Imphal is as also ill-equipped, and has no facilities for proper dieting. That is another difficulty.

Now, I come to the administration of medical services in the Union Territories. In Union Territories, there are Territorial Councils. In Delhi, there is the Municipal Corporation. In Himachal Pradesh, in Tripura and in Manipur, there is lack of co-ordination between the different administrative departments. There is also a multiciplity of authorities. For example, if we want to have a

hospital in a particular place, we do not know where to go to represent the matter. There is the Development Department, there is the Tribal Welfare Department, there is the Territorial Council and there is the Manipur Administration. All of them have got departments of public health and medicine.

The Estimate Committee have already recommended that we should have a common cadre of service for the Territorial Councils and the administration there. I welcome it. That will be the best way to avoid all this confusion in medical administration in Union Territories, which is harmful to the taxpayer as well as to those who require medical aid.

In Manipur, many of the Centrally-sponsored schemes have not been properly implemented. Funds provided for collection of vital statistics amounting to Rs. 0.70 lakh could not be properly spent. Upto 1959-60, only a sum of Rs. 1,400 could be spent. Out of Rs. 21.41 lakhs provided for the construction of new buildings, a sum of Rs. 1.53 lakhs was proposed to be spent during 1959-60. Perhaps it could not be utilised. The existing hospital at Imphal is very much inadequate. They would have to have a 250-bed hospital with staff quarters, operation theatre, laboratory with specialist sections and so on. This is the scheme under the Second Plan. It is very difficult to say whether it can be implemented.

Then again, out of Rs. 5.47 lakhs provided for an anti-TB scheme, to which I made a reference, they could utilise only Rs. 2.19 lakhs during 1959-60. The Plan provision of Rs. 0·8 lakhs for opening VD clincs could not be utilised due to want of specialists and accommodation, and an amount of Rs. 19,900 provided in 1959-60 was surrendered. It is proposed to spend Rs. 13,700 in this budget. The Plan provision of Rs. 1.63 lakhs for opening 5 child welfare and maternity centres has also been wholly surrendered and the scheme is dropped altogether. The scheme for opening family planning clinics and primary health centres could not be implemented.

I would now deal with the condition of the Civil Hospital at Imphal. People are very much agitated at the way in which the Hospital is being managed. The Estimates Committee in their 58th Report on the Ministry of Home Affairs pointed out several deficiencies in the administration of medical services in the Territory, with particular reference to the working of the Civil Hospital in Manipur. I would like to quote the more important of these. They are:

"(i) The Civil Hospital was under the control of the Administration whereas all the dispensaries in the rural areas had been transferred to the Territorial Council. There were no well-qualified doctors attached to these dispensaries and the existing staff could not add to their skill and knowledge by being allowed some opportunity to work in the main hospital and learn by the experience of qualified doctors there;

"(ii) There was not enough co-ordination between the dispensaries under the Territorial Council and the hospital under the Administration;

"(iii) The pay scales and conditions of service of staff were not satisfactory as compared to those prevailing in Assam and people were not, therefore, willing to serve in the area;

"(iv) The Civil Hospital, Imphal, being the only full-fledged hospital in the Territory, was very much overcrowded. The facilities for specialist medical treatment were very limited as it had no pathologist, anaesthetist and radiologist on its staff;

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"(v) There was shortage of nurses in the Hospital and there were very few residential quarters for nurses with the result that several of them had to live in one room; and

"(vi) The incidence of dental diseases, leprosy and tuberculosis was fairly high".

This is the state of the Civil Hospital. There are many more things to be said about it. But I have no time to do so.

We should have a Town Planning Officer for Manipur. There has been an unplanned growth of Imphal Town. The proposal to expand the Imphal municipal area by including Lamphelpat is being examined by the Administration. This area is swampy and marshy land. Many government buildings for the Manipur Rifles and the Civil Hospital are being constructed there. As it is swampy land, it is an unhealthy place which is also not suitable for the construction of pucca houses. Government should think twice before any permanent structures are constructed there.

We welcome the decision of Government to extend the limits of Imphal Municipality and to construct the Imphal Town Hall. We feel that we should have a Rent Control Act in Imphal. Now the proprietors of houses charge exorbitant rents. There should be a check on this.

Now I come to a very important problem, the water supply problem of Imphal. There was the Imphal Water Supply Scheme that was taken up five years ago. The original estimate was Rs. 28.36 lakhs. The Central P.W.D. took it up; then it was taken over by the Manipur P.W.D. Very recently, the scheme has been abandoned—after five years. Meanwhile, a sum of Rs. 2.63 lakhs has already been spent on the head works and staff quarters. According to the reply given by the hon. Minister to my question on the 1st April 1959, the high lift, the low lift, pump and filtration plant costing Rs. 2.57 lakhs were also procured. The hon. Minister also said that the work would be completed by the end of 1959. There have been differences of opinion between the engineers. Too many cooks spoil the broth. We have now been deprived of the benefit of water supply in Imphal. Now, they say there will be a second Plan, a better plan. But it will take about two years more. In that case, we are afraid we will miss the water supply for some years more, because this takes a long time, longer time than they indicate.

Lastly, I want to say a word about the opening of child guidance clinics and a mental hospital. I have been to the Manipur jail. There I saw several mental patients and juvenile delinquents. There are no proper arrangements for their treatment. In Tezpur in Assam, we had some beds which have now been refused. So for our mental patients, we should make some provision in respect of their accommodation and treatment.

Mr. Deputy-Speaker: Shri Joachim Alva is absent. Shri Narasimhan is also not in his seat. So is Shri C. K. Nair. These hon. Members would lose their opportunity to speak in this discussion.

श्री मोहन नायक (गंजम-रक्षित-अनुसूचित जातियां): उपाध्यक्ष महोदय, हैल्थ डिपार्टमेंट की मांगों पर भाषण देने के लिये आपने मुझे जो मौका दिया है, उसके लिये मैं आपका आभारी हूं ।

स्वास्थ्य रक्षा के लिये हमारे सामने दो तरीके हैं । एक तरीका तो यह है कि रोग को फैलने न दिया जाये और दूसरा तरीका यह है कि रोग हो जाने के बाद उसको औषधि देकर ठीक किया जाये । हमारे देश में रोग

होने के बाद रोग को अच्छा करने के लिये जितना रुपया खर्च किया जाता है, रोग को फैलने से रोकने के लिये उतना रुपया खर्च नहीं किया जाता और उसकी तरफ उतना ध्यान नहीं दिया जाता ।

हमारे देश में स्वास्थ्य रक्षा के लिये डाक्टर हैं, लेकिन एक और ऐसा समाज है जो कि रोग को फैलने से रोकता है और वह है मेहतर समाज । मेरा ऐसा खयाल है कि इन लोगों को जितनी सुविधा देनी चाहिये उतनी सुविधा हमारी सरकार नहीं देती । मैं यह जानता हूं कि जिस वक्त हमारे देश में किसी गांव में या जिले में कालरा या स्माल पाक्स फैल जाता है तो उस वक्त डाक्टर लोग भी डर जाते हैं और उस गांव को नहीं जाते हैं । बेचारा मेहतर समाज, जो कि सफाई करने वाला है, वह अपनी जान की कुर्बानी देकर उधर जाता है और लोगों का उद्धार करता है । मैं ने देखा कि बरमपुर में एक बार हैजा फैला गया । एक-एक दिन में सौ-सौ, दो-दो सौ और तीन-तीन सौ आदमी मरने लगे । उस वक्त डाक्टर लोग बरमपुर को छोड़ कर चले गये । लेकिन मैं ने देखा कि वहां का मेहतर समाज घर-घर में घुसा और गाड़ी लाकर जो डैड बाडीज थे उनको श्मशान ले गया । लेकिन बड़े दुःख की बात है कि जो लोग ऐसे अवसर पर भी बस्ती में रहते हैं और स्वास्थ्य रक्षा का काम करते हैं, उनकी तरफ सरकार का ध्यान नहीं जाता ।

सरकार ने प्रथम पंच वर्षीय योजना में मेहतर लोगों के लिये मकान बनाये हैं । मैं तो कहूंगा कि अगर मेरे हाथ में अधिकार होता तो जिन लोगों ने इन के मकानों का प्लान बनाया है मैं उनको प्रासीक्यूट करता । एक फैमिली के लिये ऐसे मकान का प्लान बनाया गया है जिसकी लम्बाई दस फीट है और चौड़ाई दस फीट है । आप देखेंगे कि जो लोग अपनी जान को खतरे में डाल कर दूसरों की स्वास्थ्य रक्षा के लिये काम करते हैं उनके लिये इस प्रकार के मकान बनाये जाते हैं । स्केवेंजिंग एन्क्वायरी कमेटी ने देश का दौरा किया था । मैं भी उसके साथ गया था । जहां भी स्केवेंजर्स की कालोनीज थीं वहां हम गये । उनको ऐसी जगह घर दिये जाते हैं जहां शहर का सारा मैला जमा होता है, जहां शहर भर का गन्दा पानी जमा होता है । ऐसी जगहों पर उनकी कालोनीज बनाने का प्लान है । मैं तो कहूंगा कि जो लोग स्वास्थ्य रक्षा के लिये काम करते हैं और जो इस काम में बड़ा हिस्सा लेते हैं, वह अपना पेट पालने के लिये कुछ रुपया पाते हैं । मगर उनका स्वास्थ्य कैसे ठीक हो इस पर हम ध्यान नहीं देते यह दुःख की बात है । मैं सरकार से प्रार्थना करूंगा कि जो लोग दूसरों की स्वास्थ्य रक्षा के लिये तैयार हों, उनकी स्वास्थ्य रक्षा के लिये हमको पूरी सुविधा देनी चाहिये । अगर हम ऐसा नहीं करेंगे तो हमको पाप होगा ।

मैं देखता हूं कि जो मेहतर लोग जीवन भर अपने सिर पर मैला उठाते हैं जब वह बुढ़ापे में असमर्थ हो जाते हैं तो उनको कोई पेंशन और ग्रेच्युटी आदि नहीं दी जाती है । मैं ने स्केवेंजिंग एनक्वायरी कमेटी से भी यह निवेदन किया था कि आप एन्क्वायरी कीजिये कि बुढ़ापे के कारण स्केवेंजिंग के काम को छोड़ देता है उसका जीवन निर्वाह कैसे होता है । मैं कहता हूं कि इनमें से ८० प्रतिशत लोग काम छोड़ देने के बाद भीख मांगते हैं । इसका मैं ने कमेटी को सबूत दिया कि जीवन निर्वाह कैसे होता है । वे लोग सारे जीवन भर सिर पर मैला ढोते हैं और जब बुढ़ापा आ जाता है तो वे भीख मांग कर ही जीवित रह सकते हैं । हम मैला उठाने वालों को इसेंशियल सरविस में गिनते हैं । अगर यह काम एक दिन के लिये बन्द हो जाये तो जन स्वास्थ्य नष्ट हो जायेगा । जैसे हम पुलिस वालों को इसेंशियल सरविस कहते हैं, उसी तरह हम मेहतरों को भी इसेंशियल सरविस कहते हैं । मगर इसेंशियल सरविस वालों को जितनी सुविधा मिलनी चाहिये वह सुविधा

[श्री मोहन भायक]

हम इनकी नहीं देते हैं । अगर मेहतर काम पर नहीं जायेगा तो इसेंशियल सरविस होने के कारण उसको नोटिस देकर बंद किया जाता है, मगर उनको जो सुविधा दी जानी चाहिये, जो पेंशन या ग्रच्युटी देनी चाहिय वह नहीं देते । और तो और उनको अपने हाथों की सफाई के लिये साबुन भी नहीं मिलता हम देखते हैं कि केवल रेलवे डिपार्टमेंट में मेहतरों की कुछ ड्रेस मिलती है । मैं स्केविंजिंग एक्वायरी कमेटी के साथ सारे भारत में घूमा हूं । अभी तक तो उनकी रिपोर्ट पर अमल नहीं हुआ है ।

15.57 hrs.

[PANDIT THAKUR DAS BHARGAVA *in the Chair*]

मुझ आशा है कि यह रिपोर्ट जल्दी से जल्दी पास हो जायेगी और सरकार मेहतरों की उन्नति के लिय कोई तरीका निकालेगी । अगर उन लोगों का स्वास्थ्य नष्ट हो जायेगा तो वह लोग दूसरों के स्वास्थ्य की रक्षा कैसे कर सकेंगे ।

उड़ीसा एक गरीब प्रदेश है, उड़ीसा के चार जिले बालासोर, कटक, पुरी और गंजम, समुद्र के किनारे पर हैं । इन चार जिलों में फाइलेरिया बहुत फैलता रहता है । मैं देखता हूं कि भारत के कुछ भागों में ऐंटी मैलेरिया और फाइलेरिया प्रिवेंशन पाइलाट प्रोजक्ट शुरू हुई है और लाखों करोड़ों रुपया खर्च किया जा रहा है । हमारे यहां, जहां चिलका झील है, मलेरिया और फाइलेरिया का घर है । वहां मच्छर बहुत पैदा होते हैं उसके लिये केवल एक रनपुर प्रोजक्ट बनाया गया है जो कि समुद्र से बहुत दूर है । इससे जो तीन जिले और हैं उन में मलेरिया का प्राबलम खत्म नहीं होगा ।

आप जानते हैं कि भारत का एक पवित्र स्थान पुरी भी उड़ीसा में है । यहां बहुत यात्री इकट्ठे होते हैं । जब पुरी में कोई बड़ा पर्व होता है तो उड़ीसा वासी डरते हैं कि कहीं हैजा न फैल जाये । आषाढ़ महीने में होता है । वैसे तो हर महीने वहां पर फैस्टिवल होते ही रहते हैं लेकिन इसमें जो रथ यात्रा होती है उसमें बड़ी भारी संख्या में लोग सम्मिलित होते हैं । हमारे सांस में सांस तब आता है जब कोई हैजा वगैरह उसके बाद या उस दौरान में नहीं फैलता है । भारत के दूसरे हिस्सों से भी लोग वहां पर बड़ी भारी संख्या में जाते हैं और वे वहां की संख्या को बहुत बढ़ा देते हैं । मैं चाहता हूं कि वहां पर स्वास्थ्य की रक्षा करना केन्द्रीय सरकार का दायित्व होना चाहिये । मैं पुरी के लिये ही नहीं कहता हूं बल्कि वाराणसी, द्वारिकाजी इत्यादि जितने भी हमारे धाम हैं, उन सब में जब मेले इत्यादि लगते हैं, उन मेलों में लोगों के स्वास्थ्य इत्यादि की रक्षा करना और उसके लिये सब इंतिजाम करना केन्द्रीय सरकार का काम होना चाहिये । उड़ीसा जैसे गरीब प्रान्त के लिये लोगों की ठीक प्रकार से सेवा करना तथा उनके स्वास्थ्य की रक्षा करना मुश्किल हो जाता है ।

16 hrs.

अन्त में मैं एक बात ही कहना चाहता हूं । मैं यह नहीं कहता कि जो मैडिसंस हैं, एलौपैथी की, आयुर्वेदी की वे ठीक नहीं हैं । मगर गरीब लोगों के लिये इन दवाइयों पर खर्च करना मुश्किल होता है । जो होम्योपैथिक मैडिसंस हैं, वे सस्ती होती हैं और जिसको इन पर विश्वास होता है वह अच्छा भी हो जाता है । मगर इसके बारे में सरकार की ओर से अभी तक कोई भी कदम नहीं उठाया गया है । मैं कहूंगा कि गांवों के लोग अस्पतालों में जाकर, वहां पर दाखिल होकर अपना इलाज नहीं करवा सकते हैं क्योंकि इसमें खर्चा बहुत पड़ता है और वे गरीब आदमी इस खर्चे को बरदास्त नहीं कर सकते हैं । मैं इस वास्ते कहना चाहता हूं कि गांवों में आप होम्योपैथिक डिस्पैंसरीज खोलने की ओर ध्यान दें । दो सौ रुपयों में एक डिसपैंसरी वहां पर खोली जा सकती है ।

एक सौ रुपया महीना तो मैडिसिन का खर्चा होगा और एक सौ रुपया महीना आपको डाक्टर को देना पड़ेगा और इस तरह से दो सौ रुपये महीने में हम डिसपैंसरी को चला सकते हैं । इससे बहुत से रोगी अच्छे हो सकते हैं । मैं यह नहीं कहता कि जो बड़े बड़े रोग है या जिनमें आपरेशन करने की जरूरत होती है, ऐसे रोगी अस्पतालों में न जायें, वे जायें और मैं जानता हूं कि ये आपरेशन हर रोज हो भी रहे हैं । लेकिन जो छोटे छोटे रोग हैं उनका इलाज इन डिसपैंसरीज में हो सकता है । इस वास्ते मैं चाहता हूं कि इस प्रकार से आप होम्योपैथी को बढ़ावा दें और इस प्रकार की डिसपैंसरीज खोलें ।

श्री प्रकाश वीर शास्त्री (मुड़गांव) : सभापति जी, स्वाधीनता का आन्दोलन जिस समय हमारे देश में चल रहा था उस समय स्वदेशी पर विशेष रूप से बल दिया जाता था, चाहे वह भाषा हो, वेश हो, खानपान हो या और कोई चीज हो । चिकित्सा प्रणाली के सम्बन्ध में भी स्वदेशी आन्दोलन के समय और स्वाधीनता आन्दोलन के समय बल दिया गया था । १९२० में जब नागपुर में कांग्रेस का अधिवेशन हुआ था तो उस समय एक प्रस्ताव कांग्रेस के मंच से पारित हुआ था जिसमें कहा गया था कि आयुर्वेद और यूनानी पद्धतियों को स्वतंत्र होने के पश्चात् सर्वोपरि स्थान दिया जाएगा । इस प्रकार की उस प्रस्ताव की भाषा थी । परन्तु कष्ट के साथ मुझे निवेदन करना पड़ता है कि स्वतंत्र होने के पश्चात् भी यह चीज बिल्कुल विपरीत दिशा में जा रही है । जैसे भाषा के सम्बन्ध में मैंने कभी इस सदन में निवेदन किया था कि इस देश में जैसे डेढ़ प्रतिशत अंग्रेजी भाषा बोलने वाले हैं और बाकी क्षेत्रीय भाषाओं में या हिन्दी में व्यवहार और काम काज करते हैं परन्तु सरकारी व्यय का जो रुख है वह अंग्रेजी को प्रोत्साहन और बढ़ावा देने की ओर है, इसी प्रकार जो देशी चिकित्सा प्रणालीयां हैं, उनके द्वारा जो लोग आरोग्य लाभ करते हैं, उनकी संख्या इस देश में ८५ प्रतिशत है, उन प्रणालियों की तो उपेक्षा की जाती है और १५ प्रतिशत व्यक्ति जिस प्रणाली के द्वारा आरोग्य लाभ करते हैं जो कि नगरों और शहरों के ही विशेषकर रहने वाले हैं, उस प्रणाली पर हमारे शासन का और स्वास्थ्य मंत्रालय का विशेष रूप से धन व्यय किया जाता है यह कम से कम हमारी उन प्रतिज्ञाओं के बिल्कुल विपरीत है जो कि हमने स्वाधीनता आन्दोलन के समय की थीं और जिनको हम बारम्बार अपने मंचों से जनता को सुनाते हुए चले आ रहे हैं ।

एक विशेष बात यह है कि स्वतंत्र होने के बाद जब इस प्रकार का आन्दोलन चला कि देशी चिकित्सा प्रणाली को प्रोत्साहन दिया जाए और इसके लिये इस प्रकार के संगठन बनाये जायें जो इस कार्य को कर सकें तो स्वास्थ्य मंत्रालय की ओर से अब तक जैसी मेरी जानकारी है, दो समितियां इस बारे में समय-समय पर बनी हैं । पहली समिति जिसकी चर्चा अभी-अभी हमारे माननीय मित्रों ने की है, मोर समिति थी और उस समिति के अन्दर प्रायः इस प्रकार के सभी व्यक्ति थे जो कि एलोपेथी के ही ज्ञाता थे । लेकिन जब चोपड़ा समिति बनी तो उस समिति के अन्दर कुछ इस प्रकार के व्यक्ति अवश्य थे कि जो स्वदेशी चिकित्सा प्रणाली से और विशेषकर आयुर्वेद की चिकित्सा प्रणाली से अनुराग रखते थे । श्री सी० डारिकानाथ, इसके मंत्री हैं जिनसे मेरा व्यक्तिगत परिचय नहीं है लेकिन समाचार पत्रों में प्रकाशित लेखों के आधार पर मैं बता रहा हूं, उनको आयुर्वेद के सम्बन्ध में एक आत्मीयता थी और चोपड़ा साहब को भी आयुर्वेद के सम्बन्ध में और भारतीय चिकित्सा प्रणाली के सम्बन्ध में कुछ अनुराग है । लेकिन अधिकांश सदस्य इसके भी उसी प्रकार के थे जैसे मोर समिति के सदस्य थे । परन्तु चोपड़ा समिति ने एक विशेष व्यवस्था इस देश के लिये यह की कि अपने देश में आयुर्वेद और एलोपैथी, इन दोनों का एक कम्बाईंड कोर्स, एक समन्वयात्मक

[श्री प्रकाश वीर शास्त्री]

कोर्स चलना चाहिये । लेकिन इससे आयुर्वेद को लाभ होने की अपेक्षा हानि बहुत अधिक हुई है । मैं यह तो नहीं कह सकता हूं कि उनका दृष्टिकोण अपवित्र था उनके दृष्टिकोण में पवित्रता अवश्य थी लेकिन जिन हाथों में यह काम सौंपा गया, वे हाथ शायद इतने पवित्र नहीं रहे हों । जब समन्वयात्मक पाठ्यक्रम चला तो उसमें ६० से ७० प्रतिशत तो एलोपैथी का समावेश था और ४० से लेकर ३० प्रतिशत तक केवल आयुर्वेद का समावेश था । स्वयं जैसी मेरी जानकारी है दिल्ली में जो आयुर्वेद विद्यापीठ महाविद्यालय है इसमें एक बार अपना वक्तव्य देते हुये समिति के मंत्री श्री द्वारिकानाथ ने इस बात के लिये चिन्ता व्यक्त की कि हमने जिस समय अपनी रिपोर्ट दी थी उस समय हमारे मस्तिष्क में यह बात नहीं थी । बल्कि हमारा अनुमान तो यह था कि आयुर्वेद को अधिष्ठान मान कर चला जाएगा और जो नवीन प्रणाली इस देश में चली है—उसका संकेत एलोपैथी प्रणाली की ओर था— उसको यह आयुर्वेद कैसे आत्मसात कर सकता है, इस बात पर विशेष बल दिया जाएगा । लेकिन आयुर्वेद की सर्वथा उपेक्षा हो जाएगी और एक दूसरी चिकित्सा प्रणाली उसके ऊपर अधिकार कर लेगी, इस प्रकार का अनुमान समन्वयात्मक प्रणाली की जारी करते समय या उस प्रकार का प्रतिवेदन देते समय हमारा अपना नहीं था । अब तो स्थिति यहां तक बढ़ती जा रही है कि आपने आयुर्वेद और एलोपेथी का जो सम्मिलित कोर्स जारी किया है उसके दुष्परिणाम इतने हो रहे हैं कि आयुर्वेद का रहा सहा क्रम भी देश से समाप्त होता जा रहा है । यह जो बी० आई० एम० एस० के कोर्स आप ने चालू किए उनके लिये आपने जो मिनिमम क्वालिफिकेशन रखी है वह यह रखी कि है वही विद्यार्थी इसमें प्रवेश ले सकेगा जो एफ० एस० सी० की क्वालिफिकेशन रखता हो । जिन बच्चों को एम० बी० बी० एस० के अन्दर एडमिशन नहीं मिल सका उन्होंने सोचा कि चलो बी० आई० एम० एस० के कालेज में या महाविद्यालय में चल कर प्रवेश ले लें । लेकिन जो व्यक्ति एफ० एस० सी० पास है वह सुश्रुत के सम्बन्ध में कुछ अध्ययन कर सकेगा, वागभट्ट को देख सकेगा, चरक को देख सकेगा, इसका किसी ने खयाल नहीं किया । परिणाम यह हुआ कि इस समन्वयात्मक पद्धति का खोखलापन उस समय साबित हो गया जब चिकित्सा के क्षेत्र में उन्होंने एलोपैथी चिकित्सा प्रणाली को ले कर अपना कार्य आरम्भ कर दिया ।

दूसरी सब से बड़ी हानि यह हुई है कि आयुर्वेद और विशुद्ध आयुर्वेद का जो अपना एक क्रम है जैसे हमारे स्वास्थ्य मंत्री महोदय को पता भी है । कि संस्कृत में अपनी एक विशेष प्रकार की गुरू शिष्य प्रणाली है, और उसके अन्दर एक श्रद्धा और सम्मान की भावना रहती है, वह भी इस कम्बाइंड कोर्स से समाप्त होती चली गई । इस प्रकार के जितने भी काजज हिन्दुस्तान में हैं, प्रायः उन सभी में हड़तालें होने लगीं, और आप अच्छी तरह से जानते है—नाम गिना कर तथा विवरण दे कर मैं सदन का समय लेना नहीं चाहता हूं—कि रायपुर के अन्दर, इंदौर के अन्दर ग्वालियर में, लखनऊ में, पीलीभीत में तथा दूसरे स्थानों पर कितने आन्दोलन चले, गोली चली या दूसरी घटनायें घटित हुईं । इस प्रकार के काण्डों की आपको अच्छी तरह से जानकारी है । कष्ट इस बात का है कि जो पुराने हमारे कुछ इस प्रकार के लोग थे, जैसे महामना मदन मोहन मालवीय जी, जिन्होंने बनारस विश्वविद्यालय के अन्दर आयुर्वेद का एक बहुत बड़ा विद्यालय स्थापित किया था, उन्होंने कल्पना नहीं की थी कि जो विशुद्ध आयुर्वेद है, वह धीरे धीरे समाप्त होता चला जायेगा । लेकिन आज यह भी हो रहा है । इसी प्रकार अबोहर के अन्दर एक आयुर्वेद का बहुत बड़ा विद्यालय है जिसके अन्दर भी इसी प्रकार की वातावरण बढ़ता जा रहा है ।

लेकिन मैं कष्ट के साथ यह कहना चाहता हूं कि इस मिलीजुली प्रणाली का असर यह भी हो रहा है कि छात्रों को इस प्रणाली में अनास्था होती जा रही है । उत्तर प्रदेश के आंकड़े देकर मैं बता सकता हूं कि गत वर्ष उत्तर प्रदेश के दस विद्यालयों में ६७ विद्यार्थियों ने केवल प्रवेश लिया । आप इससे अनुमान लगा सकते हैं कि इस चिकित्सा प्रणाली के प्रति किस प्रकार अनास्था बढ़ती जा रही है । जहां तक आयुर्वेद की प्रणाली का सम्बन्ध है, जैसा कि कई माननीय सदस्यों ने कहा है कि वह न केवल इस प्रकार की है कि रोग का निराकरण ही करती है बल्कि रोगी को स्वस्थ्य रहना भी सिखाती है । आयुर्वेद के सम्बन्ध में पुराने इतिहास में क्या आया है, क्या लिखा गया है, सो भी आप अच्छी तरह से जानते हैं । जिस समय हिन्दुस्तान में ह्यूनसांग आया था और अपने देश चीन को लौट कर आयुर्वेद प्रणाली की जो प्रशंसा उसने की और जो दूसरे लोग विदेशों से हमारे देश में आते रहे हैं और हमारी चिकित्सा पद्धति के सम्बन्ध में अपने देश में जा कर उन्होंने चर्चा की है, समयाभाव के कारण मैं उनके विचार यहां नहीं रख सकता हूं ।

16·10 hrs.

[SHRIMATI RENU CHAKRAVARTTY *in the Chair*]

लेकिन इतना मैं आप से अवश्य कहता हूं कि आयुर्वेदिक चिकित्सा प्रणाली किस प्रकार की है । वह रोग आने के पश्चात् ही उस का निराकरण करती हो, सो बात नहीं, रोगी को स्वस्थ्य भी रखती है । इस सम्बन्ध में मैं वाग्भट् की एक छोटी सी घटना कहता हूं । महर्षि वाग्भट्ट जिस समय जंगल से हो कर जा रहे थे । एक छोटा पक्षी बोल रहा था । अपनी भाषा में, कुछ कह रहा था । लेकिन वाग्भट्ट ने उस की वाणी को अपने शब्दों में बांधा और अपने शब्दों में बांधने के बाद यह बात प्रकट की कि वह पक्षी पुकार पुकार कर कह रहा है :

"कोऽरुक् कोऽरुक् कोऽरुक्"

महर्षि वाग्भट् कहते हैं कि वह पूछ रहा था कि दुनियां में निरोग कौन है ? कौन ऐसा है जिस को बीमारी आ कर न सताती हो ? वाग्भट्ट ने अपनी भाषा में उत्तर देते हुए उस पक्षी को कहा—हितभुक्-मितभुक्-ऋतुभुक्" । अर्थात् जो स्वास्थ्यप्रद खाना खाता है, जो थोड़ा खाना खाता है, जो सात्विक आहार लेता है, वह दुनियां में रोगी कभी नहीं होता । आयुर्वेद रोग का आक्रमण होने के पश्चात् ही उस का निराकरण करता हो, ऐसी ही बात नहीं है, बल्कि रोग उत्पन्न ही न हो इस के लिये प्रेरणा भी हमारे देश में आयुर्वेद देता है ।

मैं अन्त में अपने वक्तव्य को उपसंहार की ओर ले जाते हुये आप से कुछ उन अस्पतालों की चर्चा करना चाहता हूं जो प्रादेशिक सरकारों ने स्थापित किये हैं । एक तो सब से बड़ी बात यह है जिस को जान कर आप को कष्ट होगा, आप के पास तो शायद यह समाचार आते होंगे कि उत्तर प्रदेश में इतने आयुर्वेद के औषधालय गांवों में खुले हैं, इतने पंजाब में खुले हैं, मध्य प्रदेश में इतने खोले गये हैं । लेकिन आयुर्वेद के औषधालयों की दुर्गति क्या है ? आप को जान कर आश्चर्य होगा कि वर्ष भर में औषधियों के लिये जो पैसा दिया जाता है वह बहुत ही कम है । यदि २५ या ३० रु० महावार औषधालयों को औषधि के लिये दिया जाता है तो औषधालय के द्वारा जो रोगी अपने रोग का निराकरण कराने के लिये जायेंगे वे सिवा इस के कि आयुर्वेद में अनास्था ले कर जायें, और कुछ नहीं हो सकता । आयुर्वेद में उन की आस्था रह नहीं सकती ।

दूसरी इस प्रकार की चीज है कि इन औषधालयों को आप गांवों में जा कर देखिये । सभानेत्री जी, आप को अच्छी तरह से इस बात का पता है क्योंकि आप स्वयम् चिकित्सा शास्त्र की ज्ञाता हैं, आयुर्वेद के अन्दर ६० प्रकार के नेत्र रोग हैं, लेकिन गावों के इन आयुर्वेदिक औषधालयों को जो औषधियां

[श्री प्रकाश वीर शास्त्री]

दी जाती हैं, उन में केवल एक नेत्र धारा नाम की औषधि है जो सब प्रकार के नेत्र रोगों के लिये प्रयोग की जाती है। अब अगर कोई रोगी वहां जाये और आयुर्वेद में अनास्था ले कर लौटे तो इस में आयुर्वेद का अपराध है या उन संचालकों का अपराध है जो इस तरह से अस्पतालों की स्थापना कर के अनास्था उत्पन्न करते चले जा रहे हैं ?

अब मैं आप से दो तीन मिनट और चाहूंगा क्योंकि एक और आवश्यक बात आप के सम्मुख रखना चाहूंगा।

सभापति महोदय : अगर आप दो मिनट और लेंगे तो एक माननीय सदस्य का टाइम कट जायेगा जो यहां पर हैं।

श्री प्रकाश वीर शास्त्री : मैं बड़े संक्षेप में इस बात को कहता हूं : एक तो यह कि आयुर्वेद के वैद्यों की आज कल बड़ी दुर्दशा है। इस समय मेरे हाथ में आयुर्वेद महामंडल की एक पत्रिका है। इस आयुर्वेद महामंडल की पत्रिका में दो उदाहरण हैं। आयुर्वेद महामंडल, हरदोई के प्रधान मंत्री ने लिखा है कि गवर्नमेंट ने हम को औषधालय खोलने की अनुमति तो दी, लेकिन जब जगह नहीं मिली तो गांव की पंचायत के चौधरी ने जो भुस भरने की कोठरी थी वह औषधालय खोलने के लिये दी और उस में इस अस्पताल का बोर्ड लटका कर काम करना शुरू किया गया।

इसी प्रकार आयुर्वेद के वैद्यों के रजिस्ट्रेशन के सम्बन्ध में बड़ी कठिनाई पड़ती है। इसके अन्दर एक पेप्सू का उदाहरण है। एक आदमी ने रजिस्ट्रेशन की ऐप्लिकेशन दी, लेकिन जब वह मर गया तो उस के मरने के बाद रजिस्ट्रेशन के लिये उसके घर पत्र आता है कि तुम १० रु० भेजो तो रजिस्ट्रेशन के कागज भेजे जायेंगे। उस के घर वालों ने लिख दिया कि आप स्वर्ग में चिट्ठी भेज दीजिये, अगर वह चाहेगा तो १० रु० भेज देगा और रजिस्ट्रेशन से काम चला लेगा। यह आयुर्वेद के वैद्यों की स्थिति है।

मैं अपने वक्तव्य को समाप्त करते हुए दो तीन सुझाव देना चाहती हूं। एक तो यह कि आयुर्वेद की उन्नति के लिये सारे भारत में जो भी स्थान उचित समझें वहां पर एक आयुर्वेद विश्वविद्यालय की स्थापना करना अत्यन्त अपेक्षित है। और मेरा अनुमान है कि श्री करमरकर इस विषय पर अवश्य ध्यान देंगे। दूसरी चीज यह कि जैसे आपने परामर्शदात्री समिति देशी और यूनानी औषधियों के लिये बनाई है, आयुर्वेद के लिये एक पृथक डाइरेक्टोरेट इस मंत्रालय के अन्तर्गत स्थापित होना चाहिये। तीसरी चीज यह कि आप आकाशवाणी के संचालक महोदय से यह कहें कि सायंकाल में जो देहाती कार्यक्रम प्रसारित होते हैं, उन में दो या तीन मिनट का कार्यक्रम इस प्रकार का जरूर रक्खा जाय जिन में छोटी छोटी देहाती औषधियों के सम्बन्ध में चर्चा हो ताकि जो देहाती लोग सायंकालीन देहाती कार्यक्रम को सुनते हैं वे उन औषधियों की चर्चा सुन कर कुछ उन का उपयोग कर सकें और चौथी बात मैं यह कहना चाहता हूं, जैसा कि अभी कई मित्रों ने शिकायत की, कि डाक्टर लोग पढ़ने के पश्चात् गांवों में नहीं जाना चाहते। अच्छा हो कि भारत सरकार इस दिशा में भी सतर्कता और दृढ़ता से काम लें। अब जितने आयुर्वेद के कालेज खोले जायें वे देहातों में खुलने चाहियें बनिस्बत इस के कि वे शहरों में खुलते चले जायें। जब वे विद्यार्थी चार पांच वर्ष तक देहाती जीवन के आदी हो जायेंगे, उन में उठेंगे और बैठेंगे तो देहात के भीतर काम करने में उन को असुविधा नहीं होगी।

इन शब्दों के साथ मैं आपको धन्यवाद देता हूं।

श्री विश्वनाथ राय (सलेमपुर) : माननीय सभानेत्री जी, पहली बार इतने

वर्षों के बाद इस मंत्रालय के सम्बन्ध में बोलने का मुझे अवसर मिला है, इस के लिये विशेष धन्यवाद ।

यों तो देश की जन संख्या वृद्धि के साथ साथ रोगियों की संख्या भी बढ़ रही है । तब भी सरकार बधाई की पात्र इस कारण है कि हैजा तथा प्लेग रोकने में वह बिल्कुल समर्थ हुई है । साथ ही मलेरिया पर भी कुछ नियंत्रण हुआ है । किन्तु जहां इन रोगों की रोकथाम में सफलता मिली है वहां भारतीय समाज में एक बहुत प्रमुख अंग के सम्बन्ध में चिन्ता बढ़ रही है, और वह समूह है युवकों का, विद्यार्थियों का । यह सही है कि यह विभाग स्कूल और विद्यालय के छात्रों से सीधा सम्बन्धित नहीं है, किन्तु जहां तक उन के स्वास्थ्य की बात है, उस पर तो इसका ध्यान जाना ही चाहिये । विशेष कर ऐसे रोगों के बारे में जिन की जानकारी न छात्रों को और न उनके अभिभावकों को जल्दी हो सकती है । उन में से क्षय या टी० बी० का रोग खास है । इस सम्बन्ध में सही है कि सरकार ने कई जगह विशेष प्रयत्न किया है, प्रबन्ध किया है, किन्तु यह रोग ऐसा है जिस के लिये साधारण अभिभावक या साधारण डाक्टर कुछ नहीं कर पाते हैं । इस के लिये केन्द्रीय सरकार को प्रादेशिक सरकारों को ऐसा सुझाव देना चाहिये कि वे छात्रवृन्द के सम्बन्ध में कोई विशेष प्रबन्ध करें, ऐसी योजनायें चलायें जिन से उनके स्वास्थ्य के लिये अवश्य कुछ ऐसा प्रबन्ध हो कि समय समय पर चाहे तीन महीने पर हो, चाहे छः महीने पर हो, जितने छात्र देश के हैं उन की चिकित्सक परीक्षा हो विशेषतः उन के लिये ऐसे लोगों के निवारण का प्रबन्ध हो जिन के सम्बन्ध में साधारण या चाहे आयुर्वेदिक हो चाहे यूनानी पद्धति हो या चाहे ऐलोपैथिक हो, कोई सफल नहीं होती है । मैं देख रहा हूं कि यह रोग विद्यार्थियों में बढ़ रहा है । चाहे इस का कारण उन को पूरे पौष्टिक पदार्थ का न मिलना हो चाहे उन को अधिक पढ़ना होता हो, या हो सकता है कि जनसंख्या बढ़ने के साथ साथ जो वायु का दूषित वातावरण आता है उस का प्रभाव हो । लेकिन यह क्षय रोग ऐसा है जिस से हमारा भारतीय युवक समाज बहुत कमजोर हो रहा है और उस के रोगियों की संख्या बढ़ रही है और आगे और भी बढ़ेगी । यह हमारे भविष्य के लिये चिन्ता की बात है । सभी जानते हैं कि युवकों पर भारत का भविष्य बहुत निर्भर करता है, और जिस समुदाय पर हमारे समाज का और दुनिया का भविष्य निर्भर करता है, उस के बारे में उदासीन रहना हमारे लिये या दुनियां के लिये हितकर नहीं है । इस लिये मैं केन्द्रीय सरकार से यह अनुरोध करता हूं कि वह प्रादेशिक सरकारों के द्वारा या स्वयम् कोई ऐसा कार्यक्रम कार्यान्वित कराये जिस से क्षय रोग के निवारण में अभिभावक या छात्र जो हैं वे समर्थ हों ।

इस सम्बन्ध में मैं सरकार का ध्यान उत्तर प्रदेश की सरकार के एक प्रयास के सम्बन्ध में आकर्षित करना चाहता हूं, जिस के द्वारा उस सरकार ने छात्रों के लिये अलग से एक प्रबन्ध किया है । लेकिन उस में कठिनाई यह है कि केवल एफ० ए० तक के विद्यार्थी उस में दाखिल हो सकते हैं, उस के ऊपर के जो विद्यार्थी हैं उन के लिये वहां पर कोई प्रबन्ध नहीं है । मैं चाहता हूं कि सिर्फ वहीं नहीं, हर प्रदेश में जो अस्पताल हैं, कम से कम हर जिले में, एक विभाग इस बीमारी के लिये खुले जिस में विद्यार्थियों की तरफ विशेष ध्यान दिया जाय । यदि यह नहीं हुआ तो याद रखिये कि जिस गति से यह रोग बढ़ रहा है, कुछ दिनों के बाद जैसे हमारी आबादी एक समस्या हो गई है, अन्न की समस्या हो गई है, उसी तरह से युवकों में जो क्षय रोग होगा वह भी एक समस्या बन जायेगा और फिर उसे रोकना बहुत कठिन होगा ।

[श्री विश्वनाथ राय]

यह सही है कि दिल्ली ऐसे केन्द्रीय स्थान पर सरकार का कार्य सराहनीय है और यहां का जो टी० बी० क्लिनिक है वह एक उदाहरण बन सकता है देश के लिये, लेकिन बजाय इस के कि दिल्ली में ही ऐसा हो, और जगहों पर भी होना चाहिये जिस से इन सुविधाओं का लाभ लोग उठा सकें। कम से कम जो बड़े राज्य हैं, जैसे उत्तर प्रदेश है उन में तो तीन चार स्थानों पर ऐसा प्रबन्ध हो जैसे कि यहां पर नई दिल्ली टी० बी० क्लिनिक है। और साथ में वहां का प्रबन्ध भी ठीक होना चाहिये कहीं कहीं तो ऐसा है कि टी० बी० क्लिनिक खुल गया है, लेकिन न वहां कोई आपरेशन का प्रबन्ध है और न वहां पर इस के लिये कोई विशेष डाक्टर हैं। वहां केवल साधारण डाक्टर हैं। मैं आप को एक उदाहरण दूंगा। एक आंख के स्पेशलिस्ट थे लेकिन उन को टी० बी० के अस्पताल में भेजा गया था यह उत्तर प्रदेश की बात है। ऐसा न हो कि आंखों के विशेषज्ञ भेजे जायें टी० बी० अस्पताल में जिनको कि टी० बी० के सम्बन्ध में विशेष जानकारी न हो। सारांश मेरे कहने का यह है कि जो हमारा युवक समुदाय है उसमें फैलते हुए रोग की रोकथाम के लिये विशेष प्रयास सरकार को करना चाहिये। यूं तो देश में मलेरिया और कुष्ट रोग का भी काफी प्रकोप है और जिनसे कि देश की जनता पीड़ित रहती है। सरकार मलेरिया जिसके कि कारण जनता को सबसे अधिक कष्ट होता है [illegible] रोकने में सफल हुई है। इसी तरह सप्रसी के रोग का जहां तक ताल्लुक है इसका सामना करने के हेतु सरकार के अलावा कुछ ऐसी गैर-सरकारी संस्थाएं भी हैं जिन्होंने कि इस सम्बन्ध में कार्यक्रम चलाया है और उन में से एक संस्था गोरखपुर में है जो कि कुष्ट-सेवा-संघ के नाम से चलती है। अब इस तरह की गैर-सरकारी संस्थाओं को यदि सरकार की तरफ से विशेष सहायता मिले तो वे अपने इस सुप्रयास में और अधिक सफल हो सकेंगी और आज जो लाभ इन संस्थाओं के जरिये पीड़ित जनों को मिल रहा है वह भी बहुत बढ़ जायेगा और साथ ही साथ सरकार का भार भी कुछ कम होगा। जो हमारे देश में जनमत गणना होती है तो उसमें ऐसे पीड़ित लोगों की कितनी संख्या देश में है, इसकी कोई जानकारी प्राप्त करने की कोशिश नहीं की जाती है। मेरा सरकार से अनुरोध है कि जिस समय जनमत गणना हो तो उस के साथ ही इस बात की भी जानकारी प्राप्त की जाये कि इस लेप्रेसी रोग से कितने आदमी देश भर में पीड़ित हैं और साथ ही किस किस तरह के रोग देश में प्रचलित हो रहे हैं। इस से बिलकुल ठीक ठीक आज देश में जो रोग फैल रहे हैं और जो रोग इस वक्त मौजूद हैं उनकी जानकारी हो सकती है और फिर उनकी रोकथाम करने में आसानी हो सकती है।

जहां तक आयुर्वेद सिस्टम का सम्बन्ध है कुछ ने कहा कि यह बहुत प्राचीन है और हमारे देश में काफी समय से इसका प्रयोग होता आया है और हमारे विरोधी दल के एक मेम्बर ने यह कहा कि आर्वेद को एलोपैथी के साथ मिश्रित न किया जाये और आयुर्वेद के साथ अन्य प्रणाली प्रचलित न की जायें। मुझे इसको सुन कर खेद हुआ क्योंकि जिस आयुर्वेद को हम आज से १००० वर्ष पहले जिस तरह से चलाते थे और जिस तरह से उसके अन्दर दवा और चिकित्सा आदि करते थे उसी तरह से पुराने तरीके से बिना उसमें समय के अनुरूप आवश्यक परिवर्तन किये सन् १९६० में भी करें और उसको दूसरी प्रणालियों से अलग रक्खें और ब्राह्मण अब्राह्मण की तरह से एक छुआछूत की भावना से काम करें कि कहीं आयुर्वेद प्रणाली किसी अन्य प्रणाली से न छू जाये, इस तरह की छुआछूत बर्तने और अलगाव की बात करने से न तो आयुर्वेदिक का विकास

होगा और न उस से जनता का कोई लाभ हो सकता है। मेरा तो निश्चित् मत है कि आयुर्वेद में ऐसी चिकित्सा प्रणाली का समन्वय और सम्मिश्रण होना चाहिये जिससे कि आयुर्वेद के विद्यार्थी, पंडित, डाक्टर, और वैद्यों को उस नवीन प्रणाली की भी जानकारी हो ताकि वे दोनों का एक तुलनात्मक अध्ययन कर सकें। और उस समन्वय और सम्मिश्रण का लोगों को अधिकाधिक लाभ पहुंच सके। यह कहां तक उचित होगा कि वे प्राचीनता के नाम पर १००० वर्ष पहले की आयुर्वेद प्रणाली को पुराने रूप में बनाये रक्खें और उसको अलग बनाये रक्खें और जो आधुनिक ज्ञान आज प्राप्त हो रहा है उसे ज्ञान का लाभ न उठायें? इसलिये जो लोग कहते हैं कि आयुर्वेदिक व यूनानी चिकित्सा पद्धतियों को बिलकुल अलग रक्खें और किसी के साथ उसका समन्वय न करें तो यह बिलकुल गलत सी बात है और वह देश के लिए भी अहितकर है और स्वयं उस प्रणाली के लिये भी अहितकर है जो कि हिन्दू विश्वविद्यालय में चल रही है। वहां पर आयुर्वेद के साथ साथ दूसरी चिकित्सा प्रणालियों की भी शिक्षा देने का प्रबन्ध कर रहे हैं और यह निस्सन्देह सही और अति उत्तम है। उस ओर ध्यान जाना चाहिये और उसमें रिसर्च की विशेष आवश्यकता है। जड़ी बूटियों के सम्बन्ध में रिसर्च हो और उन जड़ी बूटियों से एलोपेथी की दवाइयों को तैयार करने के बारे में रिसर्च आदि होनी चाहिये।

आखिरी बात जिसकी कि ओर मैं इशारा करना चाहता हूं और जो कि हमारे समाज के स्वास्थ्य के सम्बन्ध में विशेष तौर से परेशान कर रही है और कष्ट दे रही है वह चीज है एडल्ट्रेशन की। इस सम्बन्ध में सरकार की ओर से इस मिलावट को रोकने के वास्ते ऐंटी-एडल्ट्रेशन बिल लाया गया और उससे यह आशा बंधी थी कि इस कानून के कारण इस एडलट्रेशन में काफी लेकिन मुझे खेद के साथ कहना पड़ता है कि हमें उसमें कामयाबी नहीं मिली है। खाद्य पदार्थों में जो यह भारी पैमाने पर मिलावट चल रही है तो यह खाली सरकार की कमजोरी अथवा ढीलेपन के कारण ही नहीं हो रही है बल्कि उसका कारण समाज में फैली हुई व्यापक कमजोरी अनैतिकता और समाज की दुर्बलता अथवा निर्बलता भी बहुत हद तक इस के लिये जिम्मेदार है। आज इस तरह से देश में जो खाद्य पदार्थों और अन्य चीजों में भी यह मिलावट करने की बीमारी बढ़ रही है तो इस पर सरकार को कड़ा रुख अख्तयार करना चाहिये और जिस तरीके से कानपुर में एक दूध विक्रेता को दूध में पानी मिलाने के अपराध में सजा होने पर हड़ताल हो रही है और मैं समझता हूं कि बहुत से हमारे विरोधी दलों के नेता भी ऐसी हड़तालों को राजनैतिक कारणों से प्रेरित हो कर प्रोत्साहन देते होंगे। आज आवश्यकता इस बात की है कि सरकार ऐसी चीजों से डर कर नरम रुख न अपनाये बल्कि ऐसे अपराध करने वालों के प्रति कड़ा रुख अपनाये। इस के साथ ही जो लोग इस कार्य में बाधा अथवा अड़चन डालें उन के प्रति भी सरकार को जरा कड़ा रुख अख्तयार करना होगा क्योंकि तभी वह इस मिलावट की व्यापक बुराई का उन्मूलन करने में सफल हो सकेगी।

श्री ब० दी० मिश्र (केसरगंज) : आज स्वास्थ्य मंत्रालय के खर्च की मांगों पर विचार करते हुए अनेक सुझाव रखे गये हैं। मैं यह निवेदन करना चाहता हूं कि स्वास्थ्य मंत्रालय के अन्दर दो विभाग अलग अलग हैं। एक स्वस्थ वृत्त है और दूसरा चिकित्सा विभाग है। स्वस्थ वृत्त वह विभाग है जिसके कि द्वारा जीवन नियमों, जन आचरणों का और जिन खाने पीने की चीजों के द्वारा मनुष्य स्वस्थ रह सकता है उसका प्रचार करना और लोगों के अन्दर उस का समावेश करना है और चिकित्सा विभाग वह विभाग है कि जब वह किसी तरह से बीमार हो जाय रोगाक्रान्त हो जाय तो उसका उपचार करके

[श्री म० दी० मिश्र]

रोग से मुक्त किया जाय । इन अनुदानों को देखते हुए मैं समझता हूं कि स्वस्थ वृत्त पर अपेक्षाकृत कम धन रखा गया है । वैसे मैं समझता हूं कि जहां तक पूरे स्वास्थ्य विभाग का सम्बन्ध है उस पर भी कम धनराशि रखी गई है । इस की चर्चा तो बहुत से लोगों ने की है लेकिन वह चर्चा एक बड़ी लम्बी चर्चा है । जहां तक स्वस्थ वृत्त और चिकित्सा विभाग का ताल्लुक है यह दोनों स्वास्थ्य मंत्रालय से सम्बन्धित हैं और उसको विशेष स्थान देना चाहिए कि जिस से मनुष्य स्वस्थ रह सकें । मनुष्य को जिन उपायों से स्वस्थ रखा जा सके उन पर अधिक से अधिक धन खर्च किया जाय और इसीलिए मैं चाहता हूं कि स्वस्थ वृत्त पर अधिक धनराशि सरकार खर्च करे और उसके बाद चिकित्सा को स्थान देना चाहिए ।

जहां तक स्वस्थ रहने की बात है इस सम्बन्ध में दिनचर्या, रात्रिचर्या और ऋतुचर्या आदि बातों का ज्ञान मनुष्य में होना आवश्यक है । इस बात की भी आवश्यकता है कि प्रारम्भ से ही लेकर जब हमारे विद्यार्थी पढ़ाये जाते हैं तो उन विद्यार्थियों के पाठ्यक्रम में एक स्वास्थ्य एवं आरोग्य का पाठ्यक्रम भी अवश्य होना चाहिए और प्रारम्भिक शिक्षा से लेकर अन्तिम कक्षा तक योग्यतानुसार उनका ज्ञान स्वास्थ्य के सम्बन्ध में बढ़ाना आवश्यक है । यदि स्वास्थ्य के सम्बन्ध में इस प्रकार का ज्ञान हमारे देशवासियों को कराया जाय तो मैं समझता हूं कि ५० प्रतिशत: यहां के रहने वाले लोग उससे लाभान्वित होंगे और वे अपने जीवन को ठीक ढंग से व्यतीत करने लगेंगे और अपने खाने पीने में और अपने-रहन सहन में भी वे उचित परिवर्तन कर लेंगे । मैं समझता हूं कि इस तरह लोगों को उसके सम्बन्ध में शिक्षित करके यह स्वास्थ्य का प्रश्न बहुत कुछ हल किया जा सकता है ।

इस के साथ ही साथ मैं चाहता हूं कि इस स्वस्थ वृत्त के सम्बन्ध में इस तरह की पुस्तकें, (छोटी छोटी), निकालनी आवश्यक हैं कि किन किन ऋतुओं में कौन कौन सी चीजें खाने में हानिकर हैं और कौन कौन सी लाभकर हो सकती हैं । रात्रि में किस तरह से हमको रहना चाहिए और दिन में हम को किस तरह से रहना चाहिए, मुख धावन और दंत धावन किस तरह से करना चाहिए यह बताने की चीज है और लोगों को प्रारम्भ से इन की शिक्षा दी जानी चाहिए । उदाहरणार्थ मैं यह कह सकता हूं कि हमारे भारतवर्ष में आज यह टूथपेस्ट और टूथब्रश का प्रचार लोगों में बहुत अधिक हो चला है और जिसे देखो टूथपेस्ट करता हुआ नजर आयेगा । हमारे देश में नई ताजी दातुनें मिल सकती हैं और मैं दावे के साथ यह कह सकता हूं कि अगर दातुन का प्रयोग किया जाय तो आज यह ५० और ६० प्रतिशत: हमारे देशवासी जो पायेरिया के रोग में फंसे हुए हैं, उससे मुक्ति पा सकते हैं और यह पायेरिया की बीमारी रुक सकती है अगर ताजी बबूल व नीम की दातुन रोज इस्तेमाल में लाई जाये । लेकिन हम देखते हैं कि आज लोग दातुन न करके टूथपेस्ट और टूथब्रश पर आ गये हैं और शहरों को तो कहना ही क्या गांवों तक में इनका प्रचार हो गया है । इसलिए आवश्यक है कि इन चीजों की तरफ ध्यान दिया जाय ।

देशी चिकित्सा पद्धति के सम्बन्ध में मुझ से पूर्व वक्ता बहुत कुछ कह चुके हैं और मैं उसकी पुनरावृत्ति करना आवश्यक नहीं समझता । लेकिन इतना अवश्य कहना चाहता हूं कि हमारी गवर्नमेंट का जो दृष्टिकोण है वह इस तरफ मंद गति से गया है और इस सम्बन्ध में एक भाई ने यह उचित ही कहा था :—

"यस्य देशस्य योजन्तु:
तज्जनं तस्यौचधं हितम्"

जामनगर रिसर्च इंस्टीच्यूट का जिक्र हर जगह आता है लेकिन मेरा विचार तो यह है कि अगर आप चाहते हैं कि देशी चिकित्सा पद्धति इस नये युग में नये नये रिसर्चेज और नये नये प्रयोगों के बारे में जानकारी प्राप्त कर दुनिया में अधिकाधिक सफल हो सके और खास कर हमारे देश में सफल हो सके तो आवश्यक है कि जामनगर सरीखे इंस्टीच्यूट्स देश के हर एक सूबे में कम से कम एक एक दो दो खोल दिये जायें और एक केन्द्रीय कमेटी होनी चाहिए जिसके तत्वावधान में भिन्न भिन्न रोग निर्धारित किये जायें और वह सूबों को अलग अलग बांट दिये जायें ताकि एक ही रोग का सब जगह अन्वेष न हो। अगर ऐसा अन्वेषण किया जाये तो मैं समझता हूं कि बहुत से रोगों का अच्छा अनुभव पूर्ण उपाय मिल सकता है और उसके द्वारा कम खर्च में चिकित्सा करके लोगों को आरोग्य बनाया जा सकता है। देखने की बात यह है कि १२ वर्ष व्यतीत हो जाने के बाद भी हमारे मंत्रालय का ध्यान इस ओर नहीं गया है, और जो तरीका वह अपना रहा है और जिस शिक्षा पद्धति द्वारा वह डाक्टर तैयार कर रहा है, उसके द्वारा तो देश के देहातों में रोगों का उपचार करना सम्भव नहीं है। मैं जांच के तौर पर आप से पूछना चाहता हूं कि देहातों में जो ऐलोपैथी के दवाखाने खोले गये हैं उन में से कितनों में डाक्टर मौजूद हैं। मैं आप से कहूंगा कि डाक्टर लोग कोशिश करते हैं कि किसी उपाय से वहां जाने से बच जायें। इस में उनका दोष नहीं है। उनका रहन सहन का तरीका, उनकी पाठ्य प्रणाली और उन पर जो खर्च किया जाता है, वह सब देखते हुए वह देहात में रहना अपने अनुकूल नहीं समझते। अगर वह किसी तरह वहां रहने के लिए राजी हो भी जाएं तो उनकी श्रीमतियां और उनके बच्चे उनको परेशान करते हैं और वह संचालकों से कोशिश करके यह चाहते हैं कि किसी तरह से शहर में रहने का मौका मिल जाये। तो इन अस्पतालों को खोलते समय आपको विचार करना चाहिए कि जब डाक्टर वहां जाना पसन्द नहीं करते तो वह किस तरह से सहानुभूति के साथ काम कर सकेंगे और लोगों को आरोग्य बना सकेंगे और उनके साथ सहानुभूति का व्यवहार कर सकेंगे। आयुर्वेद में तो यह कहा गया है कि वैद्यक का काम घृणित है अगर इसको जीविका का साधन बनाया जाय, लेकिन अगर इस काम को सेवा भाव से किया जाये तो यह सर्वोत्तम काम है। इसलिए जरूरत इस बात की है कि चाहे वह आयुर्वेद के विद्यार्थी हों या ऐलोपैथी के विद्यार्थी हों, उनकी परीक्षा में सब से पहले यह बात देखनी चाहिए कि उन में सेवा का भाव है या नहीं। जिस में सेवा का भाव हो उसी को इस विभाग में लिया जाये तो मैं समझता हूं कि उनके द्वारा अधिक से अधिक लाभ हो सकता है।

मैं भी एक छोटा सा वैद्य हूं। मैं ने देखा है कि केवल वैद्य की सहानुभूति से और अच्छे विचारों से ५० प्रतिशत रोगी स्वास्थ्य लाभ कर लेते हैं। लेकिन अगर वैद्य अच्छे स्वभाव का न हो तो किसी प्रकार से भी वह ज्यादा लाभ नहीं पहुंचा सकता।

इस के साथ साथ मैं आप से कहूंगा कि आयुर्वेदिक चिकित्सा की जो पंच कर्म विधि है, जो वस्ति विधि है, जो कल्प विधियां हैं उन पर कोई खास ध्यान अभी तक नहीं दिया गया है। ये विधियां बहुत प्राकृतिक ढंग से शरीर को स्वस्थ बना सकती हैं। कुछ सदस्यों ने कहा कि ऐलोपैथी चिकित्सा पद्धति रोगों को दबा देती है और आयुर्वेदिक पद्धति रोगों को निर्मूल कर देती है। उसका कारण यह है कि पहले आप पंच कर्म या वस्ति विधियों के द्वारा शरीर का संस्कार करके औषधि के प्रयोग करते हैं और उस औषधि से स्थायी लाभ होता है। इसलिए मैं समझता हूं कि

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श्री वि० चं० शर्मा : माननीय सदस्य को कुछ मिनट और दे दिये जायें ताकि वे हमको वे चिकित्सा बतला सकें।

श्री भ० दी० मिश्र : अगर माननीय सदस्य मेरे पास शिष्य भाव से आयेंगे तो मैं उनको सारी विधियां बतला दूंगा ।

एक बात मैं और कहना चाहता हूं कि जिस तरह से आप धात्री शिक्षा दे कर मिडवाइव्स को और हैल्थ विजिटर्स को तैयार कर रहे हैं, उस से तो सौ बरस में भी देश के कोने कोने में ये नवीन मिडवाइव्स नहीं पहुंच सकेंगी और लाभ नहीं पहुंचा सकेंगी । मैं समझता हूं कि जो धात्रियां इस समय देहातों में काम कर रही हैं, उनको साधारण देशी चिकित्सा पद्धति के अनुसार नालोच्छेदन करना और शुद्ध मिट्टी का प्रयोग करना अगर सिखा दिया जाये तो देश के कोने कोने में इस सुविधा का पूरा पूरा लाभ छोटे और बड़े सभी को मिल सकता है । समयाभाव से अन्य सुझाव नहीं दिये जा सके ।

श्री पद्म देव (चम्बा) : अष्ट चक्र नवद्वारा देवानाम् पूरयोध्या जीवात्मा और परमात्मा की यह नगरी है अयोध्या, और उस के साथ कोई युद्ध नहीं कर सकता ।

हमारे मंत्रालय ने इस ओर अपना प्रयत्न जारी रखा हुआ है । लेकिन एक चीज जिसके सम्बन्ध में यहां बहुत कुछ कहा गया है वह है आयुर्वेद ।

यस्मिन्देशेहि यो जातः
तज्जंतस्यौषधिम हितम्

जो जिस देश में पैदा होता है, वहां की जलवायु वहां की औषधि और वहां का खान पान उसके स्वास्थ्य के अनुकूल होता है । लेकिन हमारा स्वास्थ्य मंत्रालय इसके प्रतिकूल चलता नजर आता है । मैं एक बात जानना चाहता हूं । अगर हमारी सरकार आयुर्वेद को चिकित्सा पद्धति स्वीकार नहीं करती तो उसको ऐसा कह देना चाहिए और जो लोग इसको जीवित रखना चाहते हैं वे इसको अपने बल पर जीवित रखें । लेकिन सरकार की ऐसी नीति है कि वह इसको न मरने देती है और न जीने देती है । इस पद्धति पर शताब्दियों से आक्रमण होता रहा है । मैं अपने मंत्रालय से निवेदन करूंगा कि यह तो मैं नहीं कहूंगा कि उसकी पालिसी इसके लिए घातक है, लेकिन मैं यह जरूर कहूंगा कि उसकी तरफ अपेक्षावृत्ति है और इसके साथ सौतेली मां जैसा सलूक किया जाता है । मिसाल के तौर पर मैं निवेदन करना चाहता हूं चाहे वैद्य कितने ही अरसे में शिक्षा प्राप्त करे, उसके लिए कम से कम वेतन दिया जाता है, जो आज सरकारी डिसपेंसरीज हैं उनमें इन वैद्यों के लिए अनुभव प्राप्त करने के लिए कोई ऐसे बड़े अस्पताल नहीं हैं जहां रोगियों की अपनी पद्धति के अनुकूल चिकित्सा कर सकें और इस पद्धति को आगे बढ़ा सकें । मैं निवेदन करूंगा कि जो लोग वैद्य द्वारा चिकित्सित किए जाते हैं या स्वास्थ्य लाभ करते हैं, सरकार इसके लिए वैद्यों के प्रमाणपत्र को मंजूर नहीं करती और औषधियों पर जो रुपया खर्च होता है उसको रि-एम्बर्स करने की सरकार अनुमति नहीं देती । इससे साफ जाहिर है कि सरकार इस पद्धति को स्वीकार नहीं करती ।

एक और पहलू है । वह यह कि चाहे आयुर्वेदिक डिसपेंसरियों में कितने भी रोगी चिकित्सित होते हों, लेकिन वहां औषधियां बहुत कम दाम की दी जाती हैं ।

चौथी बात मैं यह कहना चाहता हूं कि इस पद्धति का जो नियंत्रण है वह ऐसे लोगों के सिपुर्द है जो उसको फूटी आंखों नहीं देखना चाहते । वह तो समझते हैं कि यह तो कुछ मुर्खों की चीजें हैं जो इधर उधर से इकट्ठी की हुई हैं । आयुर्वेद के सम्बन्ध में जिन लोगों की यह धारणा है उनके सिपुर्द है इसका नियंत्रण और प्रबन्ध मैं चाहूंगा कि ये चीजें ऐसे लोगों के सिपुर्द हों जो आयुर्वेद को जानने वाले हों ।

दूसरी बात मैं औषधियों के सम्बन्ध में कहूंगा। अगर सरकार चाहती है कि आयुर्वेद की उन्नति हो तो उसके लिए सबसे पहले यह आवश्यक है कि औषधियों का संग्रह ठीक रीति से होना चाहिए, जो कि नहीं होता है जैसा कि आयुर्वेद शास्त्र में लिखा हुआ है। संग्रह के पश्चात किस प्रकार इनको रखना चाहिए इसका भी कोई प्रबन्ध नहीं है। होता यह है कि दादा बनौषधियां खरीदता है और पोता उनको बेचता है जब कि उनमें मिट्टी के बराबर भी गुण नहीं रह जाता। लेकिन चूंकि सरकार इस ओर कोई ध्यान नहीं देती और इसके लिए उनसे कोई व्यवस्था नहीं की हुई है, इसका नतीजा यह होता है कि जो उन औषधियों को लाता है उसको लाभ नहीं होता और कहा जाता है कि आयुर्वेद की पद्धति कुछ भी नहीं है। जो औषधियां बनाई जाती हैं, उसके ऊपर भी सरकार का कोई नियंत्रण नहीं है। सिंदूर हो या षड्गुम्बलीजारित मकरध्वज हो, रंग चूंकि एक है इसलिए चाहे किसी नाम से बेचे, कितनी ही कीमत ले, इसके ऊपर कोई नियन्त्रण नहीं है। मैं निवेदन करता हूं कि औषध निर्माण, औषध संग्रह इत्यादि जो हैं, उस पर सरकार का नियंत्रण हो और अगर ऐसा हुआ तो मैं समझता हूं कि कुछ न कुछ पता चल सकता है कि आयुर्वेद क्या है।

वैद्यों के लिए शिक्षा का कोई प्रबन्ध नहीं है। अभी यहां बहुत बातें कही गई हैं। गुरु शिष्य की क्या परम्परा रही है, इसके बारे में भी कहा गया है। मैं भी इसके बारे में एक श्लोक सुनाना चाहता हूं :—

गुरोर यीताखिल वेद विद्या ईयुष प्राणी
कुशल कियासु गतस्पृहि

वैद्यं वरो कृपालु सुद्योधिकारी विश-
विदुष स्यात: ।

हमारे मंत्री महोदय संस्कृत समझते हैं, इसलिए मैं व्याख्या करके समय नहीं लेना चाहता। मैं चाहता हूं कि इस किस्म के वैद्य तैयार करने के लिए विद्यालय स्थापित हों। इस प्रकार के वैद्य तैयार करने के लिए आज हिन्दुस्तान में कोई महाविद्यालय नहीं है। अभी एक माननीय सदस्य ने कहा कि यह एक हजार साल पुरानी प्रणाली है। मैं समझता हूं कि यह बात गलत है, यह और भी अधिक पुरानी प्रणाली है। इस के अन्दर जो अष्टांग आयुर्वेद है, उसमें जो कमियां हैं, त्रुटियां हैं, उनके अन्वेषण के लिए कोई प्रबन्ध नहीं है। सरकार यह कह कर कि यह चीज पुरानी है, इसलिए त्याज्य है, इसकी उपेक्षा नहीं करनी चाहिये और चूंकि कोई चीज नई है, इसलिए ग्रहणीय है, उसको प्रोत्साहन नहीं देना चाहिये। जो चीज अच्छी है, उसकी कद्र करनी चाहिये। अगर ऐसा नहीं किया जाता है तो यह न्यायोचित बात नहीं होगी, न्याय के विरुद्ध यह बात होगी। मैं चाहता हूं कि जैसे हिन्दुस्तान में दूसरी पद्धतियों के लिए महाविद्यालय स्थापित किए गए हैं, उसी प्रकार से आयुर्वेद के लिए भी इस किस्म का महाविद्यालय स्थापित किया जाए।

साथ ही साथ मैं यह भी कहना चाहता हूं कि जो महाविद्यालय या जो विद्यालय लोगों ने प्राइवेट तौर पर चला रखे हैं, उनको सरकार को प्रोत्साहन देना चाहिये, मदद देनी चाहिये। सरकार का यह भी कर्त्तव्य है कि वह उन विद्यालयों पर नियंत्रण रखे और देखे कि जो पाठ्यक्रम निश्चित किया गया है उसी पाठ्यक्रम के मुताबिक वहां पढ़ाई होती है या नहीं होती है। मेरे कहने का मतलब यह है कि औषधियों के सम्बन्ध में ज्ञान, औषधि निर्माण का ज्ञान, नारी विज्ञान और जितनी भी दूसरी चीजें हैं आयुर्वेद के सम्बन्ध में, उन सब का पूर्ण ज्ञान दिया जाता है या नहीं, इसके संबंध में सरकार को अधिक सोचना चाहिये।

[श्री पद्म देव]

मैं चाहता हूं कि आयुर्वेद के सभी अंगों की खोज की जाय। मैं यह नहीं कहता कि सरकार की जो आज की नीति है, उसको वह बदल दे। लेकिन चूंकि वह इस सम्बन्ध में भी पूरी तरह से वचनबद्ध है, प्रणबद्ध है, इस वास्ते उसे इस दिशा में भी कदम उठाना चाहिये।

अब मैं हिमाचल के बारे में कुछ कहना चाहता हूं। भारत सरकार की उसकी ओर बड़ी कृपा दृष्टि रही है। वहां पर बहुत से अस्पताल खोल दिए गए हैं और दूसरे काम किए गए हैं। लेकिन दुर्भाग्य यह है कि जो भी योग्य डाक्टर हिमाचल के स्टेट अस्पतालों में जाता है उसको वहां से फौरन तबदील हो कर दूसरी जगह चले जाना पड़ता है और वहां पर किसी नए डाक्टर की प्रतीक्षा करने में लोग तरह तरह के कष्ट सहन करते हैं। वहां पर इतने योग्य डाक्टर थे कि दूर दूर से लोग इलाज करवाने के लिए आते थे। दो डाक्टर थे जिन को बदल दिया गया है, एक को भगवान ले गया है और दूसरे को उत्तर प्रदेश वाले ले गए हैं। अब उन दोनों में कोई भी वहां नहीं है। और एक डाक्टर गया था जो कि विशेषज्ञ था, उसको भी बदल दिया गया है। इस तरह की अदला बदली अच्छी नहीं है। मैं चाहता हूं कि वह इतनी जल्दी नहीं होनी चाहिये।

हिमाचल ११,००० वर्ग मील में फैला हुआ है। वहां पर अगर कोई बीमार पड़ जाता है तो उसको इलाज के लिए मीलों दूर जाना पड़ता है। पेट दर्द का इलाज करवाने के लिए भी उनको बहुत दूर दूर तक जाना पड़ता है। मैं चाहता हूं कि जितनी भी वहां पंचायतें हैं, उनमें से हर पंचायत में कम से कम एक एक आयुर्वेद डिसपैंसरी जरूर होनी चाहिये ताकि लोग छोटी मोटी बीमारियों का वहां इलाज करवा सकें और उनको दूर दूर के स्थानों पर न जाना पड़े।

वहां पर कुष्ठ रोग काफी फैला हुआ है, कोढ़ काफी फैला हुआ है। मैं चाहता हूं कि इसका सर्वेक्षण करवाया जाए। जो रोगी हैं, उनको एक ठिकाने पर पहुंचा दिया जाए ताकि वे इस रोग के प्रसार के कारण न बनें। जो रोगी हैं वे आपको दुआयें देंगे, अगर आपने उनकी चिकित्सा का प्रबन्ध कर दिया।

पानी के सम्बन्ध में यहां बहुत कुछ कहा गया है। मैं कहना चाहता हूं कि अगर आप हिमाचल की इस बारे में बात को सुनेंगे तो आप को बहुत दुःख होगा। यहां कहा गया है कि पशु भी वहीं पानी पीते हैं, आदमी भी वहीं पीते हैं। लेकिन हिमाचल में मैं आपको ऐसी ऐसी जगहें बता सकता हूं कि जहां पर घर का एक आदमी सुबह से शाम तक केवल पानी लाने के काम में ही लगा रहता है। जानवरों को दो दो और तीन तीन दिन तक पानी नहीं मिलता है। आप पैसा तो बहुत खर्च कर रहे हैं लेकिन वहां पर जो पानी की व्यवस्था है, वह उचित ढंग की नहीं है। सब से बड़ी मुसीबत की बात यह है कि यहां से योजना बनती है, केन्द्र से योजना बनती है और कहा जाता है कि नल के पानी की व्यवस्था की जाए। लेकिन वहां जो कुछ पानी की स्थिति है, उससे सैंटर परिचित नहीं होता है। वहां पर छोटी छोटी बौड़ियां बनी हुई हैं, जो कि छोटे छोटे तालाबों की तरह की होती हैं और उनमें से लोग पानी की अपनी जरूरतों को पूरा करते हैं। इन बौड़ियों को बनाने की वहां पर आपकी तरफ से व्यवस्था की जा सकती है। जो बौड़ियां वहां हैं, वे बहुत पुरानी हैं और पता नहीं कितनी पुरानी हैं। उनके लिए जब मदद की मांग की जाती है तो कह दिया जाता है कि यह हमारी योजना के अन्दर नहीं है। योजना के अन्दर कैसे हो सकता है जब कि वहां पर बैठ कर योजना बनाई जाती है और क्षेत्र विशेष की परिस्थितियों को देखा नहीं

जाता है । काल्का से आगे पहाड़ ही पहाड़ हैं । कई बार लोग दिल्ली छोड़ कर उधर नहीं जाते हैं । अगर जाते हैं तो गाड़ी से जाते हैं । अगर आप शिमला तक गाड़ी में जायें तो आप नहीं समझ सकते हैं कि वहां किस तरह की स्थिति है । मैं चाहता हूं कि हमारे देश के जो बड़े बड़े मंत्रीगण हैं वे जरा उस इलाके में जाएं और अन्दर जा कर देखें कि क्या हालत है और फिर उसके बाद वहां वह योजना बनायें । हिन्दुस्तान बहुत बड़ा मुल्क है और उस सारे मुल्क के लिए दिल्ली में बैठ कर योजना बनाई जाती है । हमारे देश की स्थिति, प्रत्येक इलाके में भिन्न भिन्न है । भिन्न भिन्न प्रकार की योजना इस कारण से बननी चाहियें । आज किस ढंग से हमें पैसा खर्च करना चाहिये, किस तरह से पानी के लिए करना चाहिये, किस तरह से आबपाशी के लिए करना चाहिये, किस तरह से दूसरी चीजों के लिए करना चाहिये, इसके ऊपर आज सोच विचार नहीं किया जाता है । जब ऐसा नहीं होता है तो इसका परिणाम यह होता है कि या तो पैसा सरेंडर कर दिया जाता है, या पैसा स्कीम्स बनाने वालों पर खर्च हो जाता है, या स्कीम में ही रह जाता है और उसका कुछ भी परिणाम नहीं निकलता है । इस वास्ते मैं स्वास्थ्य मंत्री महोदय से प्रार्थना करना चाहता हूं कि पानी की व्यवस्था हिमाचल के अन्दर अवश्यमेव करने का वह यत्न करें ।

Shri S. M. Banerjee: Mr. Chairman, Sir I would like to confine my speech to certain important points. I have read with keen interest in this particular report of the Health Ministry the various provisions made to check the growth of TB in the country. I must congratulate the Ministry for taking some steps in this direction. But there is a competition going on in this country between the growth of TB cases and unemployment. I do not know who is going to win.

I come from a city where the incidence of TB is the highest in the country. My information may be wrong. But from the various reports and the surveys made it has been revealed that in Kanpur the number of TB cases is the highest. Since I have come to this House, both inside this House and outside I have been fighting hard to impress upon the State Government and the Centre the need to have a TB hospital in Kanpur. Fortunately we have a medical college. It is said that this medical college will have an about 60-bedded hospital for TB. But I have come to know that since the Employees' State Insurance is having a hospital in Kanpur that hospital will have 100 beds for TB alone. Even if that particular hospital has about 100 beds for TB that will be confined only to the people who are working in those mills. But taking this thing into account, the abnormal increase in TB cases in Kanpur, it is high time that the Centre in consultation with the State Government should set up a TB hospital in Kanpur which is the primary need of the Kanpur people.

Another thing which I wanted to bring to the notice of the hon. Minister is that there is a provision that any Government employee, whether an industrial or a non-industrial employee, if he becomes a TB patient, is entitled to have 18 months' leave. But unfortunately the whole period of leave with the exception of that period which is covered by earned leave or leave with pay, the entire period is to be treated as leave without pay. You can very well imagine the fate of that poor TB patient or that Government employee who will get nothing after one or two months to have proper nourishment or proper food. Ultimately the result is with all the medicine given to him by various hospitals or TB clinics he is unable to survive because he is unable to get any nourishing food.

So my submission is and my request to the Health Minister is to consult the Labour Ministry and other Ministries and consider this matter seriously. This 18 months' leave or the

[Shri S. M. Banerjee]

treatment which is given to him by the various TB clinics and hospital will be useless if he is unable to survive because of no food. My request is that this is a serious matter which should be considered.

My other point is that at the time when Kanpur Medical College was established, or was being established, the Centre assured that 75 per cent of the non-recurring and 50 per cent of the recurring expenses would be borne by the Centre. I want to know whether it is a fact that in 1958-59 and 1959-60 no amount has been given to this College by the Centre. If a promise was made, I do not think that unless the State Government asks for it the Centre should deny this amount. If it was decided at the time of the establishment of this hospital, the Centre must give generously this amount every year and should not wait for repeated requests from the State Government which, of course will be a request from the Medical College itself. I am extremely thankful to the Centre that they have sanctioned a sum of Rs. 2 lakhs for the cancer plant in the Kanpur Medical College. My information is that this amount is too meagre and the State Government has requested for more amount from the Centre and I hope that the Centre will not be miserly not to grant more amount for this noble cause.

My third point is about the medical practitioners. In this country, a poor country like ours, no man can possibly afford, unless he is either a mill-owner or he mortgages ornaments of his wife, to have the best doctors of a particular place. I do not know whether it is the fortune or the misfortune of this country that one of the biggest doctors, or some of the biggest doctors of this country have become politicians. I do not know whether they are serving better this country as a Chief Minister of a State or they would have served better as a senior medical practitioner. But apart from that it passes my imagination to realise how a common man who wants to have the benefit of a big doctor can possibly pay Rs. 64 for the night and Rs. 32 for the day.

Can we not have socialisation of medical practitioners or the medical profession? Is it not high time that the country realised that the doctors are, after all, doing social work? I do not grudge their earning more. Let them earn more, but at the cost of what? We have been pleading in this House that free legal aid should be given to the poor because we realise that justice is very dear in this country. In the same way, why should a man who feels that his son should be looked after by a better doctor, be deprived of his good advice only because he is a poor man? So, I feel that the hon. Health Minister should consult the various medical associations of all-India and regional character and see whether some understanding can be reached between the private practitioners and the Government, so that there is a ceiling on their fees. It can be done. After all, in many countries the medical profession has been socialised, and today it is absolutely necessary that this matter should be properly discussed.

What is happening in our hospitals? I would request the Minister to visit the hospitals sometimes and see the way the out-door patients are being treated in the dispensaries. I am not a doctor myself, but I know that in these dispensaries there are ten types of medicines, with numbers one to ten, and all diseases, it is supposed, can be cured and must be cured for a poor man by taking any of them.

An Hon. Member: Why not acqua?

Shri S. M. Banerjee: Acqua is necessary, we cannot give crude medicines. That is there. But sometimes it does happen, and it is not a joke, that if No. 10 is not available, they give two doses of No. 5. This is actually happening in many hospitals. Unfortunately, I have seen these

things happening in jails, in charitable dispensaries. I would request the hon. Minister to kindly consider that a charitable institution does not mean that the poor boys who go there for treatment should be ignored like this.

I have received copy of a letter from a father whose baby has died. He has addressed that letter to the hon. Minister and endorsed me a copy. Recently, in the Safdarjung Hospital, a seven-year old child was admitted. He was suffering from some disease, or there was something wrong, I do not remember exactly. The father went from door to door. Nobody attended, and ultimately that child died. I hope the hon. Minister is making investigation into this. The father has told me that the Minister has assured full investigation into the matter.

Shri Joachim Alva: Pass on that letter to the Minister.

Shri S. M. Banerjee: He has already replied.

I have heard with keen interest those who want Ayurveda or Homoeopathy to thrive in this country. I do not think there is any conflict between Allopathy, Homoeopathy, Ayurveda and Hikmat.

Shri Karmarkar: Siddha also.

Shri S. M. Banerjee: We should make a serious effort to have all this co-ordinated. Let there be some board or committee appointed to see that all the systems are given protection; let there be no cut-throat competition between Allopathy and the other systems as is actually happening in the country today.

I do not know whether the medicines received by the Red Cross are properly distributed. It is a charitable institution, a very big institution, headed by an eminent leader of this country. I have got all respect for her and the members of the Red Cross, but I feel that Government should have some hand in the working of this organisation. We get large quantities of medicines from outside, and so proper vigilance should be kept to see that they are properly distributed.

Mr. Chairman: Now, the hon. Minister.

17 hrs.

Shri Joachim Alva: Can I get ten minutes? I had been to attend the meeting of the informal consultative committee attached to the Finance Ministry. Therefore, I was not present here when my name was called.

Mr. Chairman: The hon. Member was not here when he was called. He was expected to be here. Therefore, he has not been given a chance.

Shri Joachim Alva: I would beg of you to give me a few minutes. I had been to the meeting of the informal consultative committee attached to the Ministry of Finance. Please give me ten minutes.

Mr. Chairman: I am sorry. I have called the hon. Minister now.

Shri Joachim Alva: I have waited from the morning.

Shri Karmarkar: Just as another hon. Member has done, if he sends on his points to me, I shall be very happy to touch them.

I have listened very carefully to all the speeches made on the floor of this House. In trying to frame my reply, I was thinking in my mind whether it would be better for me and the House to go on topically or else touch upon the points as the Members have made them. I find on a scrutiny of all the points made by hon. Members that the important points touched by my hon. friends in this House almost cover the more important aspects of the work of my Ministry.

I was very happy to note this time one improvement, and it was this that

[Shri Karmarkar]

hon. Members have not touched upon subjects which really belong to the States. Every time, I was under the difficulty of trying to answer or just skip over points relating to subjects which touched the States. I am happy that most of the important subjects have been touched, and I thought that perhaps if I could just go through the points made by the Members serially, at the same time devoting a little more attention to important points, perhaps, that wolud be convenient to the House.

I must also say and appreciate that the observations from the Opposition Benches were wholly sober, and I am grateful to them for that, because it is only thus that debates have any use, for, ultimately, with a Ministry like the Health Ministry, what we are all worried about is not Government *versus* Opposition, but really to improve the nation's health services.

My hon. friend Shri Kodiyan amongst other points touched on one very important point, when he referred to rural water supply. It is good that this points comes first, because whether as a citizen or as a Minister, if there is any one subject which comes nearest to my heart, it is water supply. I have often allowed myself to say and sometimes rather irrelevantly that water supply in general and rural water supply in particular might well have been incorporated in the Constitution as a fundamental right, because, if there is any one thing that is more important than another, in the whole field of health,—of course, food comes first, but next to food or almost concurrently with it—it is the question of pure water supply. I am afraid till now, though we have done something, still we have not, I think, done adequately, looking to the urgency of the problem.

In India, we are not dealing with a population which has been an uncivilised population. It has had a long civilisation; it has evolved its codes of conduct in the matter of sanitation, in the matter of cleanliness, in the matter of purity of food, in the matter of health and so on.

As one hon. Member Shri B. D. Misra has said—he placed his hand on the correct point—really speaking, the field of health is a twofold one. The first is *swasthavritta;* as one of our seers has said, the purpose of Ayurveda is to maintain health, that is, the preventive aspect of it. It is only secondarily that the removal of disease comes in.

"आयुर्वेदस्य लक्षणं स्वस्थस्य स्वास्थ्यरक्षणम् आतुरस्य रोगनिवारणं ।"

That is the definition of Ayurveda given in our ancient texts. If there is any one factor in a nation's health that can achieve the purpose of maintaining the people's health, it is pure and clean water. I must say in fairness to what has happened in the past, that this problem has not been wholly neglected either by the Planning Commission or by the Government of India. This time, as hon. Members will have observed, we have tried to give a little more relevancy to the contents of our Report, because we thought it might convey the picture of the work better. We have divided the whole Report subject-wise and not detail-wise in the sense of communicable diseases, medical relief, medical education and medical research. One of the important subjects is water supply, because we do attach very great importance to it.

With regard to water supply, there was a provision orginally of Rs. 28 crores in the Second Five Year Plan between us and the States. We had to give them Rs. 14 crores by way of 50 per cent. subsidy. 289 schemes were sanctioned which cost Rs. 18 crores. I would have been happier had we been able to spend 100 per cent. of the allocation. But I may tell the House that we have not done quite badly and between the States and ourselves, of the allocation made of Rs. 23 crores, we have been able to spend Rs 18 crores, that means Rs. 9 crores subsidy from us and Rs. 9 crores spent by the States which make it Rs. 18 crores. I think that is not a very dismal achievement.

I should like to make another thing clear. The Health Ministry has been charged in respect of rural schemes with only what they call schemes involving pipe water supply, that is to say, where water was scarce, where it had to be obtained with difficulty, where certain schemes had to be framed, and then we had to supply it to the villages. I have not myself been able to find out the genesis of the thing, as to where it arose. But whatever it is, the Second Five Year Plan was framed in this respect with a provision for such rural water supply as would come by way of evolving pipe water supply schemes preferably dealing with multiple villages, more villages than one.

17·07 hrs.

[MR. DEPUTY-SPEAKER *in the Chair*]

At some time, we discovered the mistake which was originally made and we urged on the Planning Commission with all our influence to rectify it. I am not carping or criticising. But I must tell the House clearly how the matter stood. I can appreciate the difficulty of the Planning Commission, for good reasons, in agreeing with us when we wanted to divert this money to individual schemes covering single villages so as to have wells in those villages. They said: 'No, it is not for you to do that, because we have made a provision in the budget of the Ministry of Community Development for that and we have also developmental funds with ourselves for wells, single wells, in villages'.

Therefore, when I say that we have been able to spend between the States and ourselves round about Rs. 18 crores, and not Rs. 23 crores which was allotted,—in a few cases, we have been able to persuade them to agree to the project for digging wells in single villages; we would have spent all the remaining Rs. 5 crores on useful schemes for sinking wells in villages—we were not our own independent masters. So this has not been a bad performance. I have seen it myself and found that this has worked well. The other day, I was in one of the districts of the Punjab. I saw under this scheme for single villages a nice, small water supply scheme, water being taken from the canal with filtering arrangements made, a store house arranged and then water supplied through taps. I am quite sure all hon. Members are aware of the good purpose that has been served under this scheme wherever it is working.

With regard to urban water supply, originally there was a provision of more than Rs. 53 crores. It was later reduced to Rs. 47 crores. With this allocation, we wanted to work out 278 water supply schemes in the towns and about 61 sewerage schemes. It was well said by an hon. Member that it is no use taking up a water supply scheme alone. It is better that there is no water supply if the sanitation is spoiled, because when there is no water no water can be wasted here and there and no mosquitoes can breed. But when you make an ample supply of water available and people use the water and it stagnates, then it leads to illness. One hon. Member said that in a certain place where there was no filaria formerly, after good water supply, the disease started infecting people. I am told that in Nagpur, before the water supply scheme, there was no filaria, but after a little adequate water supply, the first filaria cases were reported. Even these mosquitoes have their likes and dislikes. Whereas the malaria mosquito likes to thrive on clean water, the filaria mosquito likes to thrive on dirty water. So, wherever we make a water supply scheme and do not have a sewerage scheme also, then, we do create conditions of disease. I must tell the House that we have been urging that point of view also—not only urban water supply schemes to the smallest towns, but also sanitation schemes.

So, as I was saying, during the second Five Year Plan, including this year, about 278 water supply schemes and 61 sewerage schemes are being

(Shri Karmarkar).

worked out. Some have been completed. And, I am happy to tell the House—this is no news; hon. Members themselves know this—that in some of the States these water supply schemes have gone to small towns of 20,000 and 25,000, apart from towns of 50,000 and 1 lakh and above. And, we are happy that in the Third Five Year Plan, there might be some kind of adequate provision for urban water supply schemes also.

Then, I come to the corporations.

Pandit Thakur Das Bhargava: What is the amount in the Third Five Year Plan?

Shri Karmarkar: I am coming to that a little later. My hon. elderly friend can afford to complain; but standing where I am I cannot afford to complain. I shall share the information that I have got.

Shri Joachim Alva: Did you concentrate on areas where filaria is most and divert your funds there?

Shri Karmarkar: I am coming to that when I come to filaria. Is it to divert funds when they exist?

Shri Joachim Alva: There is no question of diversion.

Shri Karmarkar: If there is water in the river it can be diverted into the canals. But if the river bed is dry?

Shri Joachim Alva: The hon. Minister knows as much as myself that there are areas where filaria is worst infested . . .

Shri Karmarkar: I know a little more than the hon. Member and that is my difficulty. That is my difficulty in trying to work out sewerage schemes. I am coming to that point. Of course, my friends will be satisfied with what I am saying.

Pandit Thakur Das Bhargava: The hon. Minister has said that it is the Planning Commission that has to decide, and he himself cannot decide. That is very wrong under the Constitution also. The Ministry is in charge of the funds and he can decide and not the Planning Commission.

Shri Karmarkar: My difficulty is this. My elderly friend did not possibly understand my imperfect English. If I have money in my hands I can spend. I cannot spend when I have none. This is what I said.

Pandit Thakur Das Bhargava: You said that the Planning Commission will decide. The money is there and you have been given funds also.

Shri Karmarkar: I think my elderly colleague has not understood my point, because, possibly, I have not made it clear. We and the Planning Commission discuss together; and, if there is no money for sewerage schemes—as agreed between us—then, there is no question of spending. I thought that a distinguished criminal lawyer like Pandit Thakur Das Bhargava would understand that. But, sometimes, my way of expressing things is a little imperfect.

I was coming to the question of corporations. There also I wish the allocation that was there for the corporations had been more. The amount was Rs. 854 lakhs, not too sufficient. Out of that they have been able to spend Rs. 687 lakhs, that is about Rs. 7 crores. Not a bad achievement so far as spending is concerned. But, not a very good achievement so far as allocation itself is concerned. That is another matter.

So, with regard to rural, and urban water supply and also corporation water supply, I am quite sure that we had done well. So far as provision is concerned, we are anxious to spend it. So far as the State Governments are concerned, who are ready with the idea of spending, we could help them to do that. I can frankly tell the

House that we could do no better because, in some cases, there was a shortage of pipes and things like that and the amount available could not be spent.

I will come back to this point of water supply when I touch briefly on what we are likely to have in the Third Five Year Plan. In fact, the hon. House might have noted that not a single line has appeared in the Press about either the possible requirements in the Third Five Year Plan nor anything about what we might get for the Health Ministry, so far as the Health Ministry is concerned. We have taken precious care to keep it out because it does not help the country to have high hopes earlier and smaller achievements later. So, for the first time, I am coming before the House with what we are likely to expect in the Third Five Year Plan, the limitations in the Plan that we are likely to have....

Shri Tangamani (Madurai): May I know what you are likely to get; what the amount is likely to be?

Shri Karmarkar: If the hon. Member has the patience to wait for half an hour I think he will get it.

There is what Shri Kodiyan said about rural water supply. I can assure him that I am not less enthusiastic than he. If someone were to be more enthusiastic about it. I am more enthusiastic than he about the necessity of having rural water supply. I think of it as problem No. 1 of the highest urgency. If all the money in the Health Ministry is allotted to the rural and urban water supply, I for one would not complain. These are my views and the views of my Ministry....

Shri D. C. Sharma: What are the views of the Planning Commission?

Shri Karmarkar: I cannot dispose of matters over which I have no control.

I do not think he said one word about the Contributory Health Service Scheme. That is very important. I think in the C.H.S. scheme in Delhi something is being worked out which has not been worked out elsewhere. The scheme has been there for the last six years. It has its imperfections. I will first make a confession straightaway that we are not able to cope satisfactorily with the number of our out-patients, nor with the best of goodwill, we shall ever be able to—for two reasons. One is that the treatment is free. People come to the dispensary for reasons for which normally one would not go to a private doctor, even if there is a scratch or something like that. I have seen instances of people as good, as able and as clever as any one of us sitting here, who are not keeping ordinary things like iodine, Burnol.. (*An Hon. Member: Shame*) There is no shame. Or, they do not have, for instance, what you take, those pills—what are their names; I have never taken them—aspro. When there is a little headache, they come to the dispensary and ask for Aspro. They wait for ten minutes—thanks for the patience—and they get Aspro and then they go back. There are things, small things, for which one would not expect one to go to the dispensary. I may share with you the first-hand report of a conversation of a friend of mine, not connected with the C.H.S. and fairly independent. I sent him round to have a look at these dispensaries and to make an assessment and then he went round and studied. I asked what his finding was. He said: "My finding is that the whole system is working well." "How do you say that?" I asked. He said that he saw the P.A. to a Minister and he was sitting there. He asked him: "Why have you come here?" The P.A. replied that someone was ill. Then, he told him: "This is Government of India. Was the earlier system better or is this system better? If this is better, how is it better? You have been neglected and you are wasting your time and that of the Minister."

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He said thinks like that because people do believe that we are always busy and our P.As. are always busy. "No," 'the P.A. replied'. "It is quite all right. If we wait for some time. Today, I am contributing some Rs. 4 or Rs. 5 per month which means about Rs. 60 a year but I am deriving the benefit of about Rs. 500 or Rs. 600. There are any number of X-rays, slides and examinations. This waiting is nothing compared to the treatment that we get."

Then, he went on to a chaprasi and told him; "You have been moving roundabout. Why are you doing like that?" He replied; "I am a chaprasi and if this scheme had not been there, would I have X-ray treatment for my son?" But he again said, "You have to go round," to which he replied: "It does not matter if I have gone round."

I am happy to tell the House, from such information as we have, that this service is giving mental and physical comfort to people who normally would not have got it for the money that they are contributing.

I am not disappointed but I am happy to learn that though three dispensaries are open for the Members of Parliament, they are very little patronised. That speaks to the health of the people here.. (*Interruptions.*) Immediately because we have opened a dispensary, we do not want that Members of Parliament should come in their hundreds to the dispensary simply to honour our scheme. I wish the attendance grows less and less except in inevitable cases—God prevent them —and in serious cases or in cases like maternity and the rest. I would wish the Parliament Members the best medical treatment if they go to that place.... (*Interruptions.*)

Shri Braj Raj Singh: But you are adopting birth control....

Shri Karmarkar: We have not yet begun, among the Members of Parliament but we might . . . (*Interruptions.*)

Sir, coming back to the contributory health service scheme, the House might be interested to learn the progress of the scheme in the last six years. I would only give two comparative figures, and not tire the House. In 1954, the number of dispensaries started, static dispensaries, was 16. In 1959 it has risen to 34. There were no mobile dispensaries. We have added four mobile dispensaries. The total attendance in the dispensaries was about 7,37,000, and now the a tendance is 40,75,000. Of course, the number of people has also increased; instead of a relatively smaller population, the population now under our care is something near about 5,00,000, including the members of families and all that. Whereas we had only 11 specialists, we have now 33 specialists. The number of assistant surgeons has risen from 29 to 195. The expenditure also has grown. The expenditure then was round about Rs. 16 lakhs, and now it is near about Rs. 70 lakhs. The amount of subscription received also has increased. The receipts from people were about Rs. 7½ lakhs and now it is more than Rs. 31 lakhs.

We are trying to make this a success. We have got such a large population under our care that we would like to make this experiment grow by having as many good schemes as possible. Recently I had a discussion with our Director. I said, we are serving the people who are making the payment and falling ill, but, I asked, how are we going to serve the people who are making the payment and do not fall ill? I said that we must serve them also. The best way we thought, for serving that population was to take care of their infants from "zero" age or even "minus one" age to at least the age of two—"minus one" means pre-natal care. I would like to have an experiment made in this direction. In the first instance, we have already made a beginning with 200 babies. We would like this number to be increased to 1000. By taking pre-natal and post-natal care of babies, I am quite sure much good will come out in future.

That will give good guidance to the future in respect of steps to be taken for taking care of health.

The second thing that we have introduced under this scheme—of course, that is something new—is, what we call, "the check-up system". The people are careless about their health. Our people are not very careful about their health. Only when they are disabled that they go to a dispensary or see a doctor. So we announced that anyone is welcome to be checked up. We thought that the people may not take much interest in this. I am happy to tell the House that—it has been about a year's time—about 2,500 people have registered themselves for a check-up and more than about 1000 people have already been checked up. I am happy also to say that on account of these check-ups ailments about which they were unconscious have been discovered—not tuberculosis, but diseases like diabetes, eye diseases and other diseases. I am quite sure in the long run it will be good for those patients, for the people concerned as also for the organisation, because these diabetic cases which we have found now would have come to our dispensaries a little later when they would have become more difficult cases. This check-up, therefore, we would like to extend to the whole range. Provided we have no limitation on finance I would like to do it tomorrow. I am not able to do it now because that will mean a heavy expenditure and I will have to persuade everybody about the utility of such a scheme, but I am quite sure in my mind that some day or the other every member of this contributory health service scheme is going to be checked up. I am sure the House will agree with me that it is a progressive step.

The third thing we have introduced —we would like to do it much better —is about a thorough mass screening for tuberculosis. We had a survey like that five years back. 80 per cent. of the people who were screened then are still in service—it may be more than 60 per cent. After five or six years we are again going to have a thorough screening so that we shall be able not only to find out if there is an incipient illness but it can also be our guide regarding the incidence of tuberculosis as well. I am happy to say that in Delhi the disease is naturally less among those having some earning, but people living in slum areas are bound to suffer more on account of their poverty and malnutrition. I am quite sure that a through survey like that of the whole population of five lakhs in Delhi, firstly of the head of the family and later on of every member, would really serve a good purpose. Wherever any such health scheme is worked out all these measures would be a good guide.

I should also say at this stage, in the House, about another scheme which we are trying to work out. We have had some such items of work in the country in view, by way of some survey in the community development projects. That is what we meant by health survey. Now, we are trying, to begin with, in Delhi for the first time, to start a thorough health survey, firstly of a limited population, here, in Delhi and, God willing extend it to the States also with their cooperation. It means that we are going to have a thorough health survey.

Now, we have got the material ready for the contributory health service scheme because the records are there. But for the other things, things are not so easy. Then, we took a sample survey like we did two years back for the tuberculosis survey. We exactly know where we stand for that matter. But for the new survey we have not got before us the correct disease picture of the country in any precise manner; we know to some extent as to what our people are suffering from—the communicable diseases especially—but we have not got an accurate picture. It is known as morbidity survey.

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which will begin presently in Delhi, and later on, if funds permit, it will be extended to the rest of the country. That will give us for the first time a correct picture of the diseases. because, unless we have a correct picture, our national programme of work will not be adequate. That is all that I have to say about the contributory health service schemes. I regret I have to skip over Shri Kodiyan's points.

There is another point which I may take up now, and that is about the medical personnel.

Shri Tangamani: What about cancer?

Shri Karmarkar: I have noted all the points and when the time comes, I shall refer to them. I have been noting down all the points, and doing nothing else. I would take care to see that all the points are replied to by my Ministry and a reply sent to the particular Members concerned because they must know what is happening.

Shri Tangamani: I wanted to know about the Ministry's decision about the research centre for cancer.

Mr. Deputy-Speaker: Let the hon. Minister proceed now.

Shri Karmarkar: About the medical colleges, I wish to tell the House of what is being done. One of the things that are complained of is about the shortage of medical personnel. I think it is right. But our medical personnel, apart from a country like Japan, can compare favourably with the medical personnel in any other country. On an average, we have got roughly speaking,—one could not be sure—about 80,000 doctors—it may be 90,000 doctors—for a population of about 41 crores which is the present population. So, that proportion will compare favourably with the proportion in other countries like Burma, Indonesia and other Asian countries except perhaps with Japan where they have a larger number of doctors. It has been our effort, not only this year but during the second Five Year Plan period, to increase the number of medical colleges.

As against 17 colleges in 1947, we are now in the good position of having 55 colleges. One or two are coming up presently. I understand that the Punjab Government have resolved to have a medical college in Rohtak next year. I am quite sure that some more medical colleges are already in the offing. I am happy to share with the House the information that the State Governments are not waiting for any help from the Centre. They are starting colleges of their own. Repeatedly, I have had occasions to say that because my money is over, they have the best moral support from us, because creating moral support is a contingent investment and when money comes in, it might develop into material support also.

We had, at the beginning of the Plan, Rs. 6·5 crores. What we did was, we gave that help to assist about nine new medical colleges, seven of them in a full-fledged manner. We gave them Rs. 60 lakhs by way of non-recurring grants and Rs. 8,000 per student as recurring grant. Some of these colleges were scattered all over the country: Kanpur, Ranchi, Jamnagar, Bhopal, Jabalpur, Hubli and Kozhiode. At Kurnool and Bikaner, the colleges were alredy there. But we gave them some aid also. But have not only helped in the matter of these colleges, but we have also helped in upgrading some of the older colleges—some 15 colleges. So, that took all our money away. Then we tried to divert some money from another item where it did not work. We wanted to help the States in weeding their professorial staff who got lower pay and by giving them higher pay. But they would not accept that scheme. From this fund, we diverted another Rs. 2·15 crores. So, as against the plan provision of

Rs. 6·5 crores, we have actually succeeded in spending more than Rs. 8 crores for new medical colleges. Not only that much has been done with regard to the under-graduate colleges proper, but we have also done another thing. We have also succeeded in upgrading some 12 institutions, because one of the greatest needs of the country is postgraduation in all subjects. In the past, our people were compelled to go to foreign countries for special study for FRCS and other specialities. Now, on account of the fact that adequate upgrading facilities have been created in this country, I am happy to say that in 1958-59, 79 post-graduate students have joined these upgraded institutions and in 1959-60, as many as 137 have joined.

I should also like to tell the House about what I may call a very cheap scheme that we have worked out. We have asked the States also to consider working it up. The idea struck us in Delhi. In Delhi, we have some first class hospitals. During the last three or four years, we have a large and competent staff, all doctors who can do credit to any hospital either here or elsewhere. Therefore, we thought, why should not this medical people, distinguished that they are, be given an opportunity of training post-graduate students. If I am a competent man and if I am given further opportunities, I am naturally happy, and I would try to do justice to my job. If I am a doctor doing very good work and if I am given in addition the privilege of teaching some more post-graduate students, it not only gives me pleasure, but it makes me excel in my work. That way, we were able to build round the distinguished physicians and surgeons a scheme for post-graduate training. Last year, we admitted 35 students. This year we propose to admit 75.

The whole cost of it is only the stipends that we pay to the students. We have not spent a single pie for extra equipment or for any additional honorarium to these teachers. In future maybe we may have to pay a little. But compared to efforts which cost lakhs and lakhs of rupees, I think the House will agree that this was a nice way of doing it. Wherever you have got a nice hospital in the country, the physicians and surgeons in charge there can be good post-graduate professors. We have made this offer to the States and said that if they develop a similar scheme in their hospitals, we might help them way of giving stipends to the students. We are struggling to help post-graduate students, so that they might become advanced. I am quite sure the States will take up this cause and help us in trying to see that there are larger numbers of post-graduate students, with the result that the teaching staff in our colleges will be competent.

Regarding my friend, Dr. Sushila Nayar, I would not like to say much in her absence, but she spoke as some one would speak without reading anything that is given in the report, I would not say anything more, because had she carefully read the report, capable that she is and a doctor that she is, she would not have permitted herself to make those observations which she actually made. I would pickup from her observations, wrong as they were, one topic, on which also she was wrong. That was about small-pox eradication programme. She referred to it as if her knowledge stopped last year, without any refreshment this year, because actually the Central Council of Health resolved that small-pox eradication is an important thing and therefore, from the original pilot schemes that we had last year, we abandoned them six months back and still with the nominal name of pilot scheme, we have asked the States to take up 10 lakhs of population in the first instance. We bear the whole cost; it comes to Rs. 32 lakhs for all the States. We have requested them to take up the programme of vaccinating every man, woman and child. It is a matter of some shame, if I may put it strongly, that India is about

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the only country along with out neighbour, Pakistan, from which certificates of small-pox vaccination and cholera inoculation are required by the passport authorities. Cholera is really difficult. We recently appointed an expert committee. I hope Shri Samanta would not be offended at it. We are told by the expert committee that the whole root of trouble of cholera is in Calcutta and in Bengal.

Shri S. C. Samanta (Tamluk): Gangetic delta.

Shri Karmarkar: Yes, Gangetic delta, if he wants to use a bigger word. But Gengetic delta is also in Bengal. Now, the focus is there, round about Bengal, and some experts have traced it that in the case of every cholera epidemic cases first occur in Bengal, like many other things occur in Bengal, and when it goes out the unhappiness and the trouble have to be endured by the (*Interruptions*). I shall not refer to the Benches opposite, but that is another matter. Now, having traced the focus there, we have sought the help of the World Health Organisation also in the matter of water supply, arranging good water supply for Calcutta. They have put forward something which is rather difficult to execute, repeated inoculation against cholera but, as I said, we are trying to handle it as efficiently as possible.

With regard to small-pox there is nothing at all that is difficult. If only we persuade the whole country to get themselves vaccinated once, with a repetition some ten years later, I think we shall have substantially tackled the problem of small-pox. Every other country has done that. We have some conscientious objectors, no doubt, but then for everything there is a conscientious objector. Except for travelling by rail or by air, I think our countrymen are conscientious objectors with regard to everything, who say "why should we do that?". But leaving them apart, who constitute a very small number perhaps, the whole of the country is with us and so, with the co-operation of the Planning Commission, I am hoping that we shall be providing sufficient amounts for this programme—it is not too large a sum, only about Rs. 7 crores—and we want to put it to the States that they should undertake a wholesale programme of vaccination. I am mentioning this prominently here because I am quite sure that the co-operation of every hon. colleague in this House will be available and whenever and wherever they speak about anything they will refer to vaccination by the way. We expect that with our continued campaigning small-pox will be a thing of the past before soon.

Shri S. M. Banerjee: Only the big pox will remain?

Shri Karmarkar: What?

Mr. Deputy-Speaker: Big pox, as against the small-pox.

Shri Karmarkar: I think, as time goes along, we shall be able to eradicate all the other big poxes, either in the field of health or in the other fields. At the present moment we intend to concentrate on small-pox but if our country is to be freed from all the troubles it is necessary to eradicate not only small-pox but also the big-pox from the country.

Shri Mahanty (Dhenkanal): Political.

Shri Karmarkar: I think I must deny myself the privilege of touching some other points.

Having referred to small-pox, I should like to touch one other thing, and that is leprosy. My hon. friend, Dr. Sushila Nayar, stated that there is no comprehensive programme. I am very sorry to disappoint her, because I am quite sure she will

read the report of my speech, that it is exactly untrue to say there is no organised programme. If the country is going along anything, it is an organised programme, and that too not in this year of Grace alone. It was inaugurated some four or five years back, and the programme in brief is like this.

In respect of leprosy it is supposed that about 15 lakhs of people are suffering, and about one-fourth are suffering from, what we call lepromatus leprosy. One is infective and the other is non-infective. Hon. Members will find detailed reference to it in the Report. The scheme, in brief, is like this. We want to establish, what we call, demonstration centres, four in numbers. One of them will be in Dehra Dun, where we want to work thoroughly in the area and know the results, as it is a research scheme. The other three will be in three other places. They have to get along within their area, examining every man, woman and child, finding out from those cases which are the people who are suffering. We have, at the present moment, in all about 101 centres, including the four, 97 of them being subsidiary centres. We want also to establish the balance 32, which we had planned earlier.

Coming to the actual facts and figures—I have got the figures only up to September 1959—the population covered by this plan, which was estimated to cost about Rs. 25 crores, was, in round numbers, 67 lakhs or 68 lakhs and the total cases detected of leprosy in this centre are 68,000. I am giving them only in round numbers. It was a voluntary thing. Out of 68,000 people 54,000 people are coming every week to the clinics for treatment. They have examined the contacts also, where they have got it from, and they are pursuing the contacts for more than two lakhs people.

Shri C. R. Pattabhi Raman (Kumbakonam): Are you sterilising leprosy patients and others?

Shri Karmarkar: We are now treating them. Sterilisation may come later with the development of public opinion both outside and inside this House. At the present moment we are not on the programme of sterilising leprosy patients or others without their consent. If a leprosy patient comes for sterilisation we are very happy about it, just as we are.....

Mr. Deputy-Speaker: This is only a place for talking and not for the real operation.

Shri Karmarkar: No, Sir. But if Parliament can provide that, there are some competent doctors whom I can bring. But that would be outside.

Mr. Deputy-Speaker: That would not be permitted.

Shri Karmarkar: Exactly.

Shri C. R. Pattabhi Raman: There are enactments. Some other countries have enactments dealing with sterilisation of leprosy cases.

Shri Karmarkar: Yes. I did not say that my hon. friend was not relevant. What I said was that the country has to come up to that, specially the leprosy patients who are rather keen about being endowed with all the powers which my hon. friend, myself and everybody has got.

Coming back to this point, I was saying that with regard to leprosy this is the programme that we are following. I am very much afraid that owing to the paucity of funds in the Third Five Year Plan we may not be able to continue the good work that is happening now. Till we are allocated more money we may have to sit still and mark time. If we have more money I am quite sure that this programme will be functioning.

My hon. friend opposite, some hon Member there asked me to visit a

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hospital. I always make it a point that wherever I go even uninvited I visit a leprosy hospital because it is important even if I may not visit any other hospital. Next to tuberculosis, leprosy is the problem that the country is facing. It is happiness for me to find people saying "Four years or five years ago I have these wounds or scars removed in Dehra Dun or in distant Mangalore". Everyone says that. The present day treatment is getting effective. The sulphone treatment is making us hopeful. I am quite sure that the country is able to spread itself with a network of such subsidiary centres. It is not a small problem. It might take 15 to 20 years. That is not too big a period for leprosy eradication. This is the method that we are adopting with regard to leprosy. Beggars have to be managed otherwise.

Shri Naldurgkar (Osmanabad): The report is silent about the progress made by the State Governments.

Shri Karmarkar: It is only the State Governments that make the progress. We only help them to make the progress.

Shri Naldurgkar: How progress is being made?

Shri Karmarkar: I must make it clear if it was not quite clear till now that excepting the Union territories we are not functioning at all. It is only the State Governments that function. We coax them.

Shri Naldurgkar: My argument is that the House should be informed as to the progress which State Government have made in this respect.

Mr. Deputy-Speaker: This is what the hon. Minister is saying that the progress found in the report is made by the States.

Shri Karmarkar: Nothing by us, except that we help them.

Shri Naldurgkar: There is no information more than that.

Shri Karmarkar: I think I can pass on to the points made by the next speaker, Shri Nardeo Snatak. I could easily anticipate without his having made a speech as to what he was going to say, that is, about Ayurved. Another very useful point he made was about adulteration of medicine. I came in for some trouble. I normally do not either seek publicity nor avoid it when it comes. But I think it was my misfortune that I told the truth to this House as someone, apart from being a Minister, in the field of public work for some considerable time that I feel that the tendency here—I am treading on dangerous ground; pardon me—either on our side or on the other side is rather to hold the Government to ransom. "What are you doing" whether it is leprosy or whether it is tuberculosis; "You might give me Rs. 100|-, but what are you doing about giving me Rs. 1000|-? You should answer that." It should be as it should be.

No Government, howsoever popular it may be, could be away from what we have created as machineries for vigilance. But there is something also. We have something else than the hon. Members of Parliament. We have the public to face. We know the people. They are the people with whom we have to work. If there is a fault in our people it is no use trying to blink at that. When we blink at ourselves every foreigner seee that. So I allowed myself to talk about adulteration. I do not say that any foodstuff is not adulterated.

If it is not absolutely egotist, I have made it a point, so far as I am concerned, to buy as less of bazar food as possible—I do not have my grain also ground in any mill—because I am not quite sure what will happen anywhere. This may be distrust of my countrymen. But there it is. If say or said that in respect of

adulteration. we have to do as much with the law. We are sometimes blamed "What are you doing?"

Shri Mahanty: May I ask a question, Sir?

Shri Karmarkar: You may ask a question later after listening to the whole speech. Wise people ask questions only after listening what others have to say. I am quite sure my hon. friend is a wise man.

But I say we know our imperfections. Sometimes our own people say as if the Government has come from England. Well, any youngman who has joined service ten years back and if he is corrupt today, it might be my son, your son or somebody else's son. We forget that. And if he has been conveniently escaping the punishment on account of his wrongdoings it is because we do not hand him over to the police.

This is not a disease that can be met by the Government or by the police. We who are in the Government are often under handicap. We cannot speak as freely as you can to our countrymen. When I go anywhere I have some privileges of the Minister, but I have also handicaps of the Minister. When I say adulteration has to be stopped, I mean not only the Government of India, but also the State Governments the municipalities and everyone concerned should be as hard as possible against adulteration. But at the same time I am quite sure in my mind, if we sentence a man to ten years' imprisonment, ten good people will come to us and say, "Look, how barbaric it is; ten years' imprisonment for adulterating one pot of milk."

There is another thing. When it concerns others the people are impartial, but when it comes to themselves they are a little less than impartial. Therefore, we have to deal with a malady. I wish my hon. friend Shri Shastriji realised that in all these things—of course, I have made the law more strict and now the punishments are more stringent—on this matter or any other matter where our moral foundations have broken down, we might say anything we like. If I might put it before you as a humble worker, we are trying after higher standards of living but neglecting a little the question of moral standards of our people, myself included, yourself included. The whole difficulty is like this. Formerly the society had a fixed root. No man, for instance, who was responsible for playing with a lady's honour could afford to move in the streets of any village. But now the people can do anything if they are rich, if they are powerful. Well, the man who criticises him at his back goes and shakes hands with him. I wish this does not happen. I am afraid the standards laid by Gandhiji, perhaps because we are busy with other things, are not so much emphasized upon. It was he who gave for the first time the dignity to a man wearing bush-shirt, kurta and a cap. It never happened before and we have got something of the past. Unless we make our best efforts, the Government and the people alike—I do not make any distinction whatever—we cannot achieve anything.

Pandit Thakur Das Bhargava: About adulteration of vanaspati also.

Shri Karmarkar: Vanaspati also. I wish more people take to ghee, more people keep cows and more people encourage this thing. I have no mercy for the vanaspati at all. No one in the Government has any particular brief for vanaspati. I have always said, eat fresh oil. I am prepared to cry from the house-tops. If there is an option, do not use vanaspati but use fresh ghee preferably get it from the district of Hissar from which my hon. friend comes.

Pandit Thakur Das Bhargava: Panditji, Shri Munshiji and Shri Thirumala Rao gave their promises that they will get it coloured. But so far they have not coloured it.

Shri Karmarkar: My hon. friend Shri Thirumala Rao is there. The hon. Member can settle the matter with him outside the House.

Then there are certain other points. I appreciate what my hon. friend Dr. Melkote said. He said, " while there are no adequate resources what can they do?"

Then my hon. friend Dr. Atchamamba was naturally worried about Vizagapatnam. I am sorry about that. There is a lot of water and there is a lot of cleanliness also. Now there is one thing more. I do not know how these experts make a mistake which other people do not make. I am sorry she is absent now but I will convey to her tomorrow that I said this.

Everybody knows that whereas 20 or 30 years ago there were two or three persons aged 70 years now we have a bunch of them. God bless them. At least 15 to 20 of them live longer. Comparing ourselves with people 30 years back, it has always marvelled me that people who were with me in Daccan College look more senior; at 25 they look like 40, at 40 they look like 50. Now I say somebody has to swear an affidavit that my hon. friend, Pandit Thakur Das Bhargava, is more than 70. I am quite sure that apart from the camouflage that he has now developed, he must be feeling as young as he ever was. In any case, if there is something true today, it is this that people are taking greater care about their health. There are better remedies these days, and even in respect of T.B. and other fell diseases we are much better. If for nothing else, I shall plead with Dr. Atchamamba, when I meet her, for the sake of her own health, to be more optimistic and truthful in respect of this assessment. It is not a matter of attacking the Health Minister or the Health Ministry, that is another matter. I do not think that I should deal with that point further, especially about a Member who is absent.

Then I come to the question of family planning. I am very happy that year after year this House is kinder and kinder to family planning. Of course, as I said once, in the beginnig we are worried about enforcing it for others rather than ourselves. That is another matter, but if we begin to think well of a neighbour's child, that is good, and a hopeful sign. If I see middle-aged Members in this House, who have three or four children to their creidt, beginning to think about family planning, I think that is making up a large leeway. Without going into details which are given in the Report, I am very happy to tell the House that this idea has caught.

We have tried to introduce also a little non-officialism and democracy into it. The House will be happy to learn that the State Governments are fully agreeing with us. We were rather diffident about sterilisation and vasectomy two years back, but the figures given are already out of date. For instance, for Bombay I was told the figures were, for 1959, larger than what they gave us earlier. My hon. colleague, Shri Dey is holding camps, taking Members of Parliament, MLAs and everybody to seminars. Without our help, people are holding seminars on vasectomy, 30 or 40 at a time, and when they come back, they are not the same as when they want in. An assessment was made in Madras. They tried so many cases; and in a few cases there was a little pessimism and despondency, but in some cases they felt much better than they had ever done before, so that it does not impair the mind or any other power, except that of creating further mischief than is absolutely necessary in the interests of the population.

The family planning movement is going on well, and non-official people are also committed to it.

Shri Mahanty: Has the hon. Minister attended any of these seminars?

Mr. Deputy-Speaker: He is going to organise some in future.

Shri Karmarkar: As one of my friends said, never go alone, even if you want to die, take some one with you. So, I can promise that if ever I go to such a seminar, I will not fail to take him with me. For me it will not mean any substantial loss, but for him it will.

The family planning movement is getting on with vigour. In Delhi we had a survey made of six family planning clinics without giving any notice, and 5,000 couples were examined by a student of sociology. They make a certain calculation that there are likely to be 65 pregnancies in 100 years of active sexual life, but in the CHS dispensary they found the rate had come down to 12, which shows the possibility of the methods we are employing. The results cannot be the same everywhere, but then it can at least mitigate the evil of a growing population to some good extent.

I must skip over what one of our friends said there with regard to nurses. We worked out our requirements in astronomical figures, just as any beginning lawyer wants to work out what the figure would be after 30 years of practice, and that is not fulfilled. We do want to have more than 27,000 nurses. But with our limited resources, how are we going to have them? We had planned to have 9,000 nurses trained during the Second Five Year Plan. I am happy to tell the House that we have overstepped the target, and we are likely to have 10,000 properly trained nurses.

Then, my friend Shri Vajpayee....

Shri Joachim Alva: I just want to ask one question.

Shri Karmarkar: He may ask his question after I have finished.

Mr. Deputy-Speaker: The hon. Minister is not yielding.

Shri Karmarkar: I am so weak that my flow is diverted, if my hon. friend interrupts. If it is somebody else, I might bear that, but if it is my hon. friend, it is very difficult.

With regard to Delhi hospitals, the criticism was made that there were no proper co-ordinated arrangements. I am happy to say that that cannot be said now, because the Delhi hospitals have much improved. What was only in old barracks in the Safdarjang hospital is now in a neat place holding about 500 beds. In the Willingdon Hospital, where there was a problem, there are now 240 beds. I am happy to say that we have increased the number of doctors also. Anyone who has gone there five years back, if he goes today, will find to his pleasantness that the work has much improved.

There again, sometimes, it is said very loosely if there is just one case of any scape-goat, then the whole thing is bad. I knew what my hon. friend Shri Joachim Alva was about to say. Sometimes, men fail, and instruments fail oftener. There are three X-ray units there, and one of the instruments or one of the units failed for some time. And unhappily for me, he blundered exactly upon that instrument, and he carried the grievance to me. There are all these cases. One particular case was mentioned. I should be honest to this House about it. There was a case mentioned of a seven-year old daughter. The parent phoned to me from the hospital itself, and I made an enquiry immediately. One of the things responsible was that there was remissness. It arose on account of the labour laws. Now, everyone wants to keep us down to the absolute requirement. It is right. For eight hours in a week, we permit a doctor to be absent, that is, a competent doctor. In his place, we have a junior doctor. The competent doctor is exactly absent during that period. There are three such periods in one month when everyone of the three doctors will be absent by rotation. Otherwise, there is 24-hours' service.

At that particular time, unhappily for the child, unhappily for us, this

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happened. And I am proud of the fact that when I asked the Superintendent, he gave me the straight truth, he said that this was the reason, there was the junior doctor there, the senior doctor was not there, but according to the labour laws, we have no control over him, nor can we request anyone for any overtime work, because these are very difficult days, and that junior doctor who was there was not in a position to fully understand the case. That was the whole circumstance and that was the whole truth. We are taking care to see that such things do not happen. If we had one more doctor for three periods like that in the week, any Member of Parliament would ask, 'What is the work that you are giving?' These are the circumstances. There are human failures. If I may say so, the doctors in India also share with us the defects that we have got, that is, in general. We have lost the habit of being as conscientious as once we were or as our ancestors were. We cannot take pride in that. We are improving, of course, and I am quite sure in my mind that just as our doctors are first-class in ability, many of them are first-class in conscientious working also, and I am sure that we shall, by and by, develop a system which can compare with any in the whole world.

I have already dealt with drinking water. I have only five minutes more left.

An Hon. Member: The hon. Minister can have more.

Shri Karmarkar: Yes, it is a pleasure to enjoy things that somebody else has cast. I appreciate that.

I now come to the point made by my hon. friend Pandit Thakur Das Bhargava. One feels very happy, and in fact, one realises a dream as it were; it was the dream of Pandit Thakur Das Bhargava that water should go to some bereft villages. When he took part in the debate last year, he mentioned it very prominently, and I said that we shall look into it. We looked into it. I do not want to advertise the fact, but the fault exactly did not lie with the Central Government. He found out where it lay. He cured that and corected that and enabled us to do a good deal. There is nothing wonderful that we have done. If it is only a question of money, then I can assure him that with regard to these schemes also, they are all deserving, but many a time, deserving people have no chance in life. So, I say that Pandit Thakur Das Bhargava might again be active and get at people who can give me more money.

Pandit Thakur Das Bhargava: That means clearly that I am asked to go to the Planning Commission and not request the hon. Minister here. This is a point worthy of consideration. So far as the Constittuion is concerned, where is the constitutional propriety in asking me to go to any other person?

Shri Karmarkar: I ask him to go to the Punjab Government.

Pandit Thakur Das Bhargava: If the hon. Minister is not convinced of the goodness of my case, let him reject it, I do not mind.

Shri Karmarkar: I never asked my hon. friend to go to the Planning Commission. I go there myself. I only asked my hon. friend to go to the Punjab Government.

Pandit Thakur Das Bhargava: So far as the Punjab Government are concerned, they will come to the Centre, and they will do every thing which the Centre wants them to do.

Shri Karmarkar: I am not commenting on anyone. I do not know why towards the end of this debate, my hon. friend is so unkind to me.

18 hrs.

Regarding the Tibbia College, there is a difficulty. It is under civil litiga-

tion. We are asked to help an institution under litigation. We are asked to give it some Rs. 50 lakhs, then another party gets away with it and then Members of Parliament can ask a question here: 'Why did you give Rs. 50 lakhs to an institution under civil litigation?' I am quite sure the same hon. Member will not ask the question, but somebody else will, and I have to take care of everybody.

As regards Shri Radha Raman, I am deeply grateful to him for giving us his support to the Ministry. It is so rare to find people supporting good causes. They do it in action, but it is so difficult to find in their speeches also. I have not complained about other Members. I assume they will support us.

Now, there was a demand made for a mental hospital in Delhi.

Mr. Deputy-Speaker: That is where the hon. Minister was thankful to Shri Radha Raman?

Shri Karmarkar: I must say without meaning any offence that this request has been made with greater force inside the four walls of this House than outside in Delhi itself. I have addressed many meetings in Delhi; in not a single one of them has there been a demand for a mental hospital in Delhi. Their demand was for more maternity homes. Anyway, it is good news that the Shahdara Mental Hospital is coming up. I hope that it will not be contagious, in spreading mental illness in Delhi more than it actually is because Delhi, I am quite sure, is a lot ill.

I think I must now come to Shri V. P. Nayar whose voice and method of forcefully putting his case I appreciated rather than what he spoke. He talked about pilgrims in Puri. I do not know whether he knows that the State Governments are taking the greatest care about pilgrim centres and the like. It is a matter of pride to us that increasingly from year to year there are less and less cases of cholera especially in pilgrim centres. It was a matter of pride to every one of us that during the recent *Ardh Kumbh* at Allahabad where two million people congregated, there was not one single case of cholera reported (*Interruption*). If there is something in Orissa, I think he should request his colleagues in the Orissa Assembly to take up the matter rather than deliver a speech here, because we do not look after pilgrim centres and the like. We look after things that are of interest to us.

There was only one reference made to homoeopathy which shows that it is in a minority. Nevertheless, we are trying to do what we can. My hon. friend, Shri Prakash Vir Shastri who is very dynamic and is a great Swadeshist, appealed to us on the ground of swadeshism. Let me make it clear once again that we do not look upon medicine as a swadeshi thing at all. An ill person has to be treated and cured by any medicine, whatever it is. If tomorrow black magic can cure a disease, and we are satisfied about it—I know it cannot—then we shall introduce black magic in perference to ayurveda if it cannot cure. We know of a South African native, whom we used to call barbarous,—who would require persuasion from Members to get a pass to come here perhaps—who, when his wife was suffering from a malady and a Caesarian operation was called for, clean took his knife had a straight slit at the abdomen, took the baby out sewed the thing back himself. If only I could send one of my surgeons to him, I would gladly send him. If Shri Prakash Vir Shastri asks, 'Why don't you ask that man from Central Africa —not South Africa—to come here for ayurveda treatment?', I will say: 'Nothing doing; it is knowledge'.

Since I took charge of the Ministry, I have also read some of the ancient texts, not in order to answer critics, but for my own satisfaction. One of the things that Charaka, the great seer, has said is that it is not a question of borrow-

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ing wisdow from a friend; in the field of medicine, borrow wisdow even from the enemy. Europe is certainly not our enemy; modern medicine is not our enemy. We must take whatever is best.

I will not take much more time of the House. We do believe in trying to encourage ayurveda to the extent it deserves. I am quite sure in my mind that if Charaka and Sushruta were alive, they would not be urging the case for ayurveda with greater vehemence than is justified, as is done by some of my hon. frineds. Charaka, Sushruta and Vaghbhatta would find in our science, in the Institutes and Laboratories, how through microscopes microbes and other things are found much better. Living at the time that we do, it is a marvel how they associated mosquito with malaria, how they found out that infection spreads from man to man, breath to breath, from sweat to sweat. All these things are marvels of modern science. We would be guilty if we do not take from medicines the best it can give us.

My hon. friend, Shri B. D. Misra, also spoke about ayurveda. He put before us the idea not only of treatment but of *swastha vritha*, living a healthy life, which is of universal application. If there is any difficulty in our country today—and by today, I mean today and not tomorrow—it is this, that we expect some other agency to solve our problems. Assuming that we have hospitals within the orbit of five miles of a village or in all the cities and also all the other things that we need, all the medical care and supposing the population is just careless about itself, who is to come and help us? In a larger sense than we really believe, the future health of our countrymen is in their own hands. Take for instance, sanitation. Some of us, not in this House but outside, seem to be believing that our duty is to create all the litter in the world and it is the municipal corporation's business t o remove it. Take, again, the India Gate, for instance. I wish the hon. Member, take a stroll on that side. It is a matter of not a little surprise to me that we do not find many people in Delhi taking advantage of the lovely walks in Delhi. Now, what do you find in the evening? Small cartons of ice packets and things like that our people take and then they will say: Corporation *ley jayagha*. Only when our people can shed that complex we can live a healthy life. Our ancients asked us to do that. They laid down rigid rules right from the *dhanta dhavan vidhi* to the taking of milk or water before retiring to bed. They had a system. The more the medicines, the more effective the medicines, the more careless becomes the life led. It is not only here; it is in the United States of America, even. One of their defects is the bad habits. They must chew something or do something or the other—what you call the bed habit. In our country, we had traditions and as Bhagwan Dinji said, we wish that the concept of health spreads in our country, and there would be less need for our dispensaries and hospitals. That is not to say that we should do away with the hospitals. We must provide the country with all the medical relief. We did something of the kind. Without anybody's permission, we, as the Health Ministry, sent round two or three brochures among the Members of Parliament and because we believe that things that are given free are sometimes not read—they are stocked or sold but not read—we priced them—our two brochures, one on leprosy and the other on TB. We want to continue the series. I am happy to say that most Members of Parliament did not worry about that. They said it was good. When we circulated a book entitled menu or diets of South India, the Members from the north complained, "Why did you not do that for the North India also?" And we published it later on. I was rather amazed to find one or two of our colleagues complaining to the Auditor-General saying that the Health Ministry charged only 15 nP. Mind

you, it is a book which will cost any day one rupee. It was nothing this money. There is a psychology about it. Many people bought. Sir, you have no idea of consternation. My Director of Public Health Education had when a whole army of auditors came to him to find what was the thing. We have no complaints. No one can ever complain against the Auditor-General because the auditor is always right. My men, happily, were not frightened but I am not on that point. All these things should happen. But the whole trouble arose from people whom we thought would know better. That is to say, people like me, Members of Parliament, going and complaining that the Health Ministry is selling for 15 nP. What is wrong about it? The Health Ministry or any official will not make money out of selling the publications worth one rupee for fifteen naya paisa. But the point is that we have brought out such sort of literature on health education.

Sir, I have exceeded my time and so, I may, perforce, skip over many points and I need hardly assure the House that all the other points not referred to by me in my reply will be looked after by the Ministry.

One final request, if I may make. It is that, as I have said before in reply to some of the points raised, the all India national health problems are being tackled. TB is being tackled by increasing the number of clinics, leprosy by the subsidiary centres and venerial diseases by opening centres for treatment. Things like that are happening. Now, the success of these schemes will not obviously depend upon the mere mechanical multiplication of schemes. Unless there is people's co-operation, these schemes will fruition, I think, only to the extent of 40 per cent. I wish that the hon. Members in this House who are specially interested in health have a look about in their own districts and see the schemes which are worked under the Health Ministry. I would request them to visit those institutions and pass on their suggestions, critical or otherwise, to me—it does not matter. In public works we must always have healthy criticism, as we can expect from our hon. friend, Shri D. C. Sharma—if he wants to say a good word he will always say a critical word and then only a good word, but always his intentions are good. Government's work always prospers on rich criticism, and I would beseech of the House to take still more active interest in the work, because, ultimately, eradication of communicable diseases is to go on for another ten to fifteen years and the more attention we devote on them, both in Government and outside, the better for our country.

Sir, I am grateful to this House for the indulgence shown to me not only now but at other times also. It has always shown me indulgence during the Question Hour and pardoned me for my remissness. I am very grateful to the House for that. If they have any more suggestions to make, apart from the observations made, I would request hon. Members to pass them on to me, and let them be quite sure that they will meet with our most careful attention. An acute writer once said—it is not what they said—that if a Government spokesman says: "It is receiving our best attention", it really means that the file has been lost and attempts are made to find it out. It is not in that spirit that I am saying this.

Shri Kodiyan: The hon. Minister promised to share some of the information he has with regard to allotment in the Third Five Year Plan.

Mr. Deputy-Speaker: Order, order. He also said that if anything further is wanted hon. Members may write to him and he will send his replies. I think hon. Members can reserve their enquiries for that purpose.

I don't think I need put any cut motion separately. I shall put them all together.

All the cut motions were put and negatived.

Mr. Deputy-Speaker: The question is:

"That the respective sums not exceeding the amounts shown in the fourth column of the order paper, be granted to the President, to *complete* the sums necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1961, in respect of the heads of, demands entered in the second column thereof against Demands Nos. 42, 43, 44 and 121 relating to the Ministry of Health."

The motion was adopted.

[*The motions for Demands for Grants which were adopted by the Lok Sabha are reproduced below—Ed.*]

DEMAND NO. *42—MINISTRY OF HEALTH

"That a sum not exceeding Rs. 16,51,000 be granted to the President to *complete* the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1961, in respect of 'Ministry of Health'".

DEMAND NO. 43—MEDICAL AND PUBLIC HEALTH

"That a sum not exceeding Rs. 25,70,55,000 be granted to the President to *complete* the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1961 in respect of Medical and Public Health.'"

DEMAND NO. 44—MISCELLANEOUS DEPARTMENTS AND EXPENDITURE UNDER THE MINISTRY OF HEALTH

"That a sum not exceeding Rs. 86,01,000 be granted to the President to *complete* the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1961 in respect of 'Miscellaneous Departments and Expenditure under the Ministry of Heath.'"

DEMAND NO. 121—CAPITAL OUTLAY OF THE MINISTRY OF HEALTH

"That a sum not exceeding Rs. 17,12,59,000 be granted to the President to *complete* the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1961 in respect of 'Capital Outlay of the Ministry of Health.'"

18.12 hrs.

WELFARE EXTENSION PROJECTS*

Shri N. R. Muniswamy (Vellore): Mr. Deputy-Speaker, Sir, the object of my raising this discussion is only to focus the attention of this House...

Mr. Deputy-Speaker: Order, order. If hon. Members are to converge upon the hon. Health Minister to congratulate him, he may kindly move out.

Shri N. R. Muniswamy: Mr. Deputy-Speaker, at the fag end of the day the half-an-hour discussion usually takes place when there are not very many Members in the House. I have to make certain observations on that point. The object of my raising this discussion is only to focus the attention of this House on certain problems facing the limited scope of the welfare extension projects. When a question was put to the hon. Minister he was pleased to give answers. Since the answers were not quite satisfactory, I have raised this discussion on the points on which I wish to draw the attention of the hon. Minister. They are three in numebr. Firstly, in the context of the terms of reference given to the Programme

*Half-an-hour Discussion.

Evaluation Organisation the picture given by the Evaluation Organisaton corresponds to the overall working of the scheme unless a change is envisaged. Secondly, the report submitted by the Evaluation Organisation reveals a good many points for remedial measures. Thirdly, the Social Welfare Board is now enlarging its activities to a wider field, and the problems we are now facing should be spotlighted for finding remedies.

When questions were put to the hon. Minister he was pleased to say that so far as this report was concerned, it was based only on sample surveys and sample visits and not on a widen basis and, therefore, it could not be quite correct, the observations contained in the Karve Report could not be taken for granted. I quite agree that so far as the Karve Committee's report about the welfare projects is concerned, it must have brought forth very many points, but most of them are of a controversial nature, and though they could not be accepted by the Government and even by the Social Welfare Board, still, many of the points that have been brought out by Mr. Karve have to be looked into with great care and caution.

I also learn that the committee on plan projects of the Planning Commission, appointed under the presidency of our hon. friend, Shrimati Renuka Ray, has also submitted its report which is of a different type. That committee has given attention not only to the limited scope of the social welfare extension projects but also to the overall picture of the entire Board and has made very many recommendations. I hope those recommendations will be attended to and taken care of by the Government and that the Government will put all those recommendations into effect.

My only point is with regard to the Karve report. The Karve Committee was presided over only by one lady; it did not consist of one or two more members. Only one lady had to survey the entire extension welfare projects. But the Renuka Ray Committee consisted of four or five members and they toured the country and made a report. I am of course giving consideration only to the limited scope of the welfare extension projects in this discussion.

We are all aware of the structure of the Social Welfare Board. The Central Social Welfare Board is at the centre and it works in co-operation with the State Boards and the State Boards have got their own implementation committees, and under the implementation committes, they have got the welfare extension projects. Each project has got its own set-up. There are about 25 villages and there are about five centres, each centre having about three social workers. But I find from the report that there is not that much of co-operation and co-ordination between all these links. These activities are intended only to reorganise our social structure and improve the economy of our country, and they are to see that very many ills of our social habits are eliminated. But what happens is, there is a good deal of bitterness, recrimination and backbiting and some sort of rivalry among the several institutions, the State Boards and the implementation committees.

The reason seems to be this. I have found that, uniformly, every organisation seems to be presided over by a lady. Ladies have got that habit of adjusting to all circumstances but I find that between ladies there is a good deal of bitterness. It is so with men also, and I do not discriminate and say that only men can be free from such bitterness. But all the same, ladies as a whole could adjust in these matters and set an example to others to behave better. But if they themselves are finding it difficult to get on, then we cannot achieve the object for which they have been put on the job.

So far as the welfare extension projects are concerned, they are located in a particular place. As regards the project implementation committee,

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whenever the chairman is absent or has to be changed, they have to get the permission of the chairman of the Central Social Welfare Board and it takes more time. If this centralisation exists in this case, it would not be possible to achieve good results. Therefore, my main suggestion is that this should be decentralised altogether.

The Social Welfare Board at the centre is working wih the aid of State Boards. The State Boards have got their committees at the village level. All the same, it is better to decentralise the Social Welfare Board. Of course, it is presided over by a great and intelligent and proud lady. All the same, I only wish that the Central Board be liquidated and zonal boards be formed, instead of the Central Board being situated at Delhi. Instead of having one single board, it is better to have four zonal boards which may be presided over by a chairwoman or a chairman, preferably a chairwoman. Whenever a common matter for discussion arises, they must all meet at Delhi under the chairmanship of the Education Minister. The Education Minister will preside over all the chairwoman. Instead of having one board, this will facilitate the improvement of the work. Welfare extension project is the key to get rid of social ills. If that key is missing, the social ills will get multiplied. To eliminate social ills, it is always better to have these boards on a zonal basis. Each zone must cover one or two States. There will be State boards also. These State boards will meet and evolve the programme regarding social schemes. These programmes are mainly intended to see that the benefits reach every village.

If we have a project consisting of 25 villages, each project having five centres and each centre served by 4 or 5 sevikas, these three or four sevikas who are located there are not able to give complete service to all the villages It is not possible in human nature to go to every village. Of course, wherever there is a centre and work is done by social service people, they do it very thoroughly, but they are not able to cover the entire area for want of time and mobility. It is also brought out in this report that whenever a jeep is given, the jeep is not utilised for the purpose for which it is intended. More often the jeep does not go to the service of the people. Whenever a chairwoman of the social welfare board or of the implementation committee needs the jeep, it is not used for that purpose. There is no cooperation between the Chief Organiser and the other sevikas. The reason is they are being controlled by some other wing. It is always better that they are able to discharge the work without fear or favour.

So far as recommendation is concerned, I find a good deal of trouble is being experienced by young girls. They are located in certain houses in some village and they are at the mercy of the people there. They do not have proper safety or security. For a very long time, they do not get their pay. We are all aware how the money is being dispersed. 50 per cent of the entire expenditure is met by the Social Welfare Board and the balance of 50 per cent is met by the villagers, State boards, etc. At the lower level, money is not being given to the village workers, who suffer a lot for want of money. Sometimes they have to be at the mercy of the sowcars there. In one of these reports, it is said that when a woman received her pay, it was at once taken away forcibly from her hands. These conditions are not fair in the case of social service, which they are rendering, when they are not paid enough. The payment is not so much and it is not commensurate with the service rendered by them. They are given only Rs. 50 or Rs. 60 and whenever the higher-ups come to the village, they have to spend from their pockets to meet their needs and it is not reimbursed.

I am not happy about the entire report. The reading of it seems to be something abnormal; it is not of a sober type. All the same, I cannot rule it out saying there is no truth in it. There must be some truth and it must be looked into. Out of 400 projects, they have visited 40. In the case of 30 projects, they have clearly gone into the question of accommodation, salary, etc. and in 30 out of 40, the conditions are like that. Why should these 30 projects alone should exhibit such draw-backs and failures? I do agree that there are bound to be some gaps, lapses and failures, and it does not necessarily mean that the entire scheme is bad. We could not have made so much progress in five years without the social welfare boards. But even small gaps should not be allowed to be there. That is so far as accommodation is concerned.

So far as Community Development Ministry is concerned, they want to co-ordinate their work with that of the Social Welfare Extension Scheme. What have they got? They have got Social Education Organiser, and that organiser happens to be at loggerheads with the Chief Organiser, the reason being that each vies with the other, saying that the centre belongs to her, both the Education Organiser and the Chief Organiser saying that it belongs to her. The reason is that before the Social Education Organiser came into the picture for the purpose of co-ordination, much work has been done by the Chief Organiser in that project, in that centre. If after the Social Education Organiser enters the fields she wants to take credit for all the good work that has been done in the past that creates trouble and difficulties. I only want to say that whenever such things arise between the non-officials and officials, and they are bound to occur, the Ministry should settle them. I do understand that there are private institutions, and they have got the power to go into the question of the supervision; control and working of the organisation. But whenever such disputes or differences arise, it is for the Ministry to look into them objectively and settle them.

Mr. Deputy-Speaker: The hon. Member should now conclude. He has already taken more than ten minutes.

Shri N. R. Muniswamy: Unfortunately, I do not have the time to go into the matter in detail. But, talking in a broad way, I would say that the Social Welfare Extension block has done yeoman service, magnificent service. It has got its own failings and drawbacks which I want to be remedied.

I have suggested that there must be zonal boards instead of one single board. Also, in the lower level, so far as crafts are concerned, the training should be given in a proper way, taking into account the needs of the people of the localities. It should not depend upon te whims and caprices of the organisation concerned. Local needs for particular crafts should be taken into account. Also, they should be taught by experts. It is not as if anything can be taught to those people, when they do not want it Therefore, the plans should be integrated in such a way that the needs of the local people are looked into before crafts are taken up for teaching. The crafts should be chosen according to the needs of the locality and not according to the takes of the organisers. Some of the crafts which are taught are not useful even for the public. Therefore, due consideration should be given to that aspect, before crafts are taken up.

With these few words I would request the hon. Minister to give thought to it and see to it that its work is broad-based so that it will be useful at the lower levels also.

Mr. Deputy-Speaker: Hon. Members can only put questions, as the mover has taken about 15 minutes.

Shri Sinhasan Singh (Gorakhpur): May I know whether it is a fact that in the district level there are three kinds of social welfare workers, one of the State, one of the Centre and so on and they have been working independently, without co-ordinating their work?

Shri Radha Raman (Chandni Chowk): I want to mention just one little thing. Our hon. friend has suggested just now that over and above the State-board there should be a zonal board. Somehow I do not think that it will improve matters. Rather, it might mean further deterioration, because there are already State broads autonomous enough, and they are fully empowered to carry on their work.

Mr. Deputy-Speaker: Is he putting a question?

Shri Radha Raman: I wanted to say that I do not agree with that suggestion.

Shri Rami Reddy (Cuddapah): The Andhra Government has made some suggestion that the social welfare board work might be undertaken by the samities which are formed at the block level. Has Government taken a decision in this matter? Are they going to entrust this work to the samities at the block level?

The Minister of Education (Dr. K. L. Shrimali): Mr. Deputy-Speaker, the hon. Member has drawn our attention to two reports, one an evaluation report on the work of the Welfare Extension Projects and another a report by the Study Team on Social Welfare and welfare of backward classes. When we are discussing this subject, I think we should differentiate between these two reports, because many of the recommendations of these reports are at variance.

I would, first of all, take up the Karve Report. Now, she was entrusted to evaluate the work that was done in those various Extension Projects.

Unfortunately the results were vitiated on account of what my hon. friend called the sample survey. There were 404 welfare extension projects which were working on the 1st May, 1957. Shrimati Karve's study was based on a random sample survey by picking out some 40 projects. Unfortunately on the basis of this insufficient data, she drew certain conclusions which, I am afraid, are not borne out by facts. I would only give one or two instances as to how this report which could have been very useful has been vitiated by insufficient data and lack of proper scientific examination.

Take for example the suggestion she had made in her report that there are delays in payment of salaries to the project staff. If this were a regular feature, it is a matter of serious concern because no worker, at least a social welfare worker, who does not get his salary in time can make any effective contribution in the work that he or she is undertaking. There are at present 8,000 employees of the Social Welfare Board, State boards as well as the Central Social Welfare Board. Out of these when an investigation was made by the Central Social Welfare Board there were complaints only about a dozen employees. In a big organisation like this where 8,000 workers are employed it is quite possible that some delay might occur. In these cases also the delay was not due to the fact that there was delay in giving grants from the Central Social Welfare Board but because there was delay on the part of the State Boards to find sometimes the matching funds. The Central Social Welfare Board has given very definite and clear instructions as far as the payment of salaries is concerned. Even suppose there is delay in payment to a dozen people, from this to draw the conclusion that the salaries of the staff are not being paid regularly. I think, was a wrong conclusion to draw from this observation.

Another example.....

Shri Narasimhan (Krishnagiri): This is another kind of sample survey!

Dr. K. L. Shrimali: Since the report came, we had naturally to ask the Central Social Welfare Board to give us all the facts and we had to collect all the necessary data.

Then with regard to the buildings, Shrimati Karve had said that sometimes foundation stones are laid and buildings do not come up. It is true that in some cases there have been delays in the construction of buildings. But I would like to inform the House that the number of grants sanctioned up to October, 1958 was 728 and up to November, 1959 grants for buildings had been sanctioned for 808 project centres. Out of these, according to reports received up to the end of September, 1959, 248 buildings had been completed and 136 were reported to be under construction. It is true that in some cases there have been some delays in the construction of buildings. Sometimes somebody in the village gives the land and then there are difficulties in getting that land. Sometimes there is a dispute of other parties and this goes on. But there has not been any undue delay in the construction of buildings. That kind of delay would occur in any organisation.

These are some of the examples which I would like to place before the House. I could give many more examples which show that though Shrimati Karve has taken a great deal of pains and I think she has been motivated by the best of considerations, unfortunately the report is vitiated on account of insufficient data and sweeping generalisations on certain facts which were found in some of these random surveys. That, I think, is the main cause which was responsible for this kind of a report.

At the same time there is another report headed by Shrimati Renuka Ray. I think this report was published a day before or two days before this report came out. It created a great sensation. The Chairman of the Social Welfare Board naturally was greatly disturbed. In fact when this report, that is, the evaluation report, was published she sent here resignation to me and said that she would not like to continue under the circumstances.

But we thought that we would examine this Report before taking any action in this matter. In my opinion, the Central Social Welfare Board, whatever its failings may be, is one of the greatest contribution that has been made after Independence. I do now know of any organisation where such large number of women are participating in social welfare. I do not say that the working of the Social Welfare Board is perfect, there are no faults, there are no defects or it does not need further improvement. But it is a great achievement that large number of women social workers are participating in this country-wide programme.

Shri D. C. Sharma (Gurdaspur): Women of high society.

Dr. K. L. Shrimali: Leadership has to come from the middle classes for a long time to come and I do not think we should object to that. In fact, in all kinds of organisations for a long time to come leadership does come from the middle classes. We are all fully aware of this. Therefore, even we should welcome women social workers are participating in this country-social welfare is not a monopoly of any particular class. Anybody who is motivated by altruistic considerations has a right to render social service to the society.

Therefore, as far as the Social Welfare Board is concerned, I think it is one of our great achievements. I am also aware of certain shortcomings. But, I think, we should look at the things in proper perspective and that is what the team headed by Shrimati Renuka Ray has tried to do. It has made very valuable recommendations which are under examination. One of

[Dr. K. L. Shrimali]

the recommendations made by that team was that the Social Welfare Board in order that it might become more effective should become an autonomous Board.

Shri N. R. Muniswamy: It is already an autonomous Board.

Dr. K. L. Shrimali: The Government are examining the Report. The team was free to make the recommendation and the Government are giving thought to this matter. I think the main argument which they advanced was that if the Social Welfare Board is given a certain autonomy, then it would be able to work more effectively and it will have a certain freedom so that it can implement its projects without any kind of hindrance which sometimes comes in when it is working with a Government department. I must say we have had the best of relationship with the Central Social Welfare Board. Neither we had any complaints nor they had any complaints.

Shri D. C. Sharma: Why more effective? More dictatorial.

Dr. K. L. Shrimali: I do not know what the hon Member is referring to. It is not possible for me to answer that. I do not know in what sense he means the Central Social Welfare Board is dictatorial.

Shri D. C. Sharma: If there is a time for discussion I can, tell you what I mean.

Dr. K. L. Shrimali: It is for the hon. Member to ask for a discussion.

Mr. Deputy-Speaker: He only wanted this much.

Dr. K. L. Shrimali: He made such a sweeping statement that it is dictatorial. Here is a Board which is working in consultation with the State Boards. They are trying to decentralise the whole work. In fact, that is one of the recommendations which the Renuka Ray Committee has made. The appointments of the Chairmen of the Project Implementation Committees, as far as I am aware, are not made by the Chairman of the Central Social Welfare Board. The Chairman of the Central Social Welfare Board is not even consulted and they are appointed by the Chairmen of the State Boards in consultation with the State Governments.

Shri N. R. Muniswamy: The approval of the Chairman of the Central Social Welfare Board is obtained.

Dr. K. L. Shrimali: There is no question of approval. My submission is, the Central Social Welfare Board is not even consulted in the appointments of the Chairmen of the Project Implementation Committees. Therefore, I do not think it is dictatorial in any way. It is very democratic. It works in consultation with the State Boards and the State Boards consult their own people in that area.

If we call this organisation dictatorial, I do not know what democratic organisation the hon. Member has in view.

Shri N. R. Muniswamy: No corresponding responsibility.

Dr. K. L. Shrimali: As I said, one of the most important recommendations this committee has made is with regard to the structure of the Board. That is a matter which will have to be examined very carefully as to what should be the relationship of the Central Social Welfare Board and the State Boards, and the relationship of the State Boards with these project implementation committees.

Some difficulties have arisen in working it out, with the decentralisation that has taken place in some of the States like Andhra. We are going to have discussion with the Andhra Government about this matter.

As far as I am concerned, I am convinced that there is a great need

for an organisation like this which can give special attention to the problems of women and children. These are the two sectors of our society, women and children, which are greately neglected. We have not been able to give adequate attention to them, and if there is an organisation which specialises in these activities, which starts *balwadis* in order that they might look after child welfare, which starts various kinds of women's organisations so that they might be able to play their due role in social reconstruction, I think there is a great need for maintaining it, not only maintaining but strengthening it so that it might make a greater and more effective contribution to the welfare of women and children for which it has been working for such a long time. Therefore, we are examining these recommendations of the Renuka Ray Committee, and we are examining, in consultation with the State Governments, whether we can give it more freedom, so that it can make a greater and more effective contribution.

18.42 hrs.

The Lok Sabha then adjourned till Eleven of the Clock on Thursday April 1, 1960/Chaitra 18, 1882 (Saka).

[*Wednesday, April 6, 1960/Chaitra 17, 1882, (Saka)*]

ORAL ANSWERS TO QUESTIONS . . . . 9729—72

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1771	Co-operative Rice Milling Units in Delhi	9786
1772	Committees and Boards of P.&.T. in Delhi	9786-87
1773	Improvements at Stations.	9787
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1775	Hindustan Shipyard	9788-89
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1777	T.B.Clinic at Agartala	9789-90
1778	Accident at Sonepur Gandak Bridge	9790
1779	Salem-Bangalore Rail link	9790
1780	Allahabad-Lucknow Air Service	9790-91
1781	Kuiloor Irrigation Project in Kerala	9791
1782	Bombay Port Trust	9791-92
1783	Quarters for P. & T. Staff, Secunderabad	9792
1784	Training in Co-operation in Himachal Pradesh	9792-93
1785	Panchayat Sammelans in Himachal Pradesh	9793
1786	Poultry Farming in Delhi	9793-94
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1807	Electricity from Machkund Project	9807
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1823	Soviet gift of Agricultural Machines	9817
1824	Indian Agricultural Research Institute	9817–18
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1830	American tourists	9821
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PAPERS LAID ON THE TABLE . . . . 9823—27

(1) A copy of each of the following papers :—

(i) Appropriation Accounts (Posts and Telegraphs), 1958-59 and Audit Report, 1960 thereon, under Article 151(1) of the Constitution

(ii) Finance Accounts of the Central Government, 1948-49 to 1954-55 (Parts I, II and III) and Audit Report, 1956 thereon, under Article 151(1) of the Constitution.

(2) A copy of the Merchant Shipping (Forms of Licences) Rules, 1960 published in Notification No. G.S. R. 280 dated the 5th March, 1960, under subsection (3) of Section 458 of the Merchant Shipping Act, 1958

PAPERS LAID ON THE TABLE—*contd.* COLUMNS

(3) A copy of each of the following papers :—

(*i*) Annual Report of the National Projects Construction Corporation Limited for the year 1958-1959 along with the Audit Accounts and the comments of the Comptroller and Auditor General thereon, under sub-section (1) of Section 639 of the Companies Act, 1956.

(*ii*) Review by the Government of the working of the above Corporation.

(4) A copy of each of the following Notifications, under sub-section (6) of Section 3 of the Essential Commodities Act, 1955 :—

(*i*) G.S.R. 339 dated the 21st March, 1960.

(*ii*) G.S.R. 363 dated the 24th March, 1960 containing the Southern Rice Zone (Restrictions on Rail Bookings) Order, 1960.

(5) A copy of Notification No. G.S.R. 94 dated the 23rd January, 1960 making certain amendment to the Agricultural Produce (Development and Warehousing) Corporations Rules, 1956, under sub-section (3) of Section 52 of the Agricultural Produce (Development and Warehousing) Corporations Act, 1956.

(6) A copy of each of the following papers under sub-section (2) of Section 16 of the Tariff Commission Act, 1951 :—

(*a*) Report (1959) of the Tariff Commission on the Cost Structure of Sugar and fair price payable to the Sugar Industry.

(*b*) Government Resolution No. 49-1/59-SV-387 dated the 4th April, 1960 . .

(*c*) A Statement explaining reasons why the documents at (*a*) and (*b*) above could not be laid on the Table during the Period prescribed under the said sub-section.

COLUMNS

REPORT OF COMMITTEE ON PRIVATE MEMBERS' BILLS AND RESOLUTIONS PRESENTED 9828

Sixty-second Report was presented.

REPORT OF ESTIMATES COMMITTEE PRESENTED 9828

Eightieth Report was presented.

CALLING ATTENTION TO MATTER OF URGENT PUBLIC IMPORTANCE 9828—30

Shri Atal Bihari Vajpayee called the attention of the Minister of Irrigation and Power to the supply of water to Pakistan after the expiry of the interim agreement on canal water between the two countries.

The Minister of Irrigation and Power (Hafiz Mohammad Ibrahim) made a statement in regard thereto.

STATEMENT BY PRIME MINISTER 9831-32

The Prime Minister and Minister of External Affairs (Shri Jawaharlal Nehru) made a statement regarding an article appearing in the Amrita Bazar Patrika of Calcutta dated the 28th March, 1960.

CONVICTION OF MEMBER 9832

The Speaker informed Lok Sabha that he had received a telegram dated the 5th April, 1960, from the District Superintendent of Police, Belgaum, intimating that Shri Nath Pai was convicted on the 4th April, 1960, by the Judicial Magistrate, First Class, Khanapur to undergo three months' simple imprisonment, under sections 341 353 and 506, Indian Penal Code.

DEMANDS FOR GRANTS 9832—10020

Further discussion on Demands for Grants in respect of the Ministry of Health was concluded, and the Demands were voted in full.

COLUMNS

HALF-AN-HOUR DISCUSSION . . . . 10020—34

Shri N. R. M. Swamy raised a half-an-hour discussion on points arising out of the answers given to Unstarred Question No. 1929 on the 22nd December, 1959 and Starred Question No. 1270-A on the 9th September, 1959 regarding Welfare Extension Projects.

HALF-AN-HOUR DISCUSSION—*contd.*

COLUMNS

The Minister of Education (Dr. K.L. Shrimali) replied to the debate.

AGENDA FOR THURSDAY, APRIL 7, 1960/CHAITRA 18, 1882 (*SAKA*)—

Discussion on Demands for Grants in respect of the Ministry of Steel, Mines and Fuel.

GMGIPND—LS II—93(Ai LSD—18-4-60—950